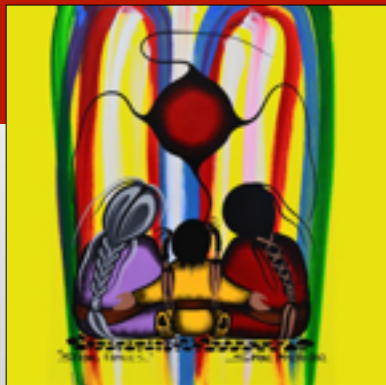


# Paediatric and Adult Immunizations



Developed by: Aric Rankin NP-PHC, MN

## Module 7

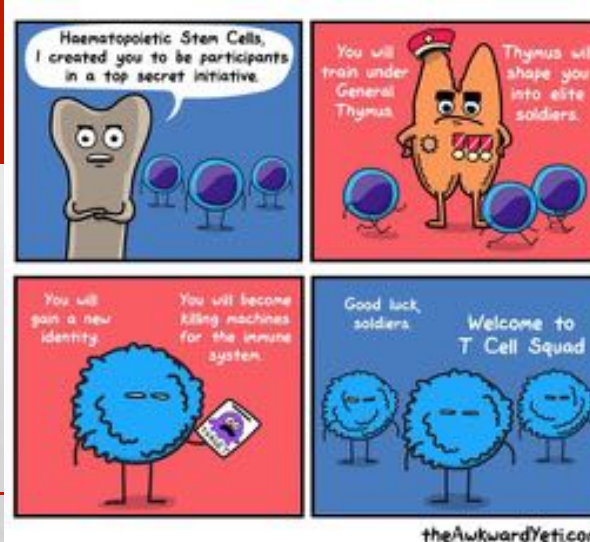
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1. Principles of Immunity and Vaccination
2. Getting to know Vaccines
3. Immunization Procedures
4. Case Studies
5. Barriers to Vaccination
6. Consent and Documentation
7. Other Vaccines
8. Reporting Adverse Events
9. Needle Stick Injury Procedure
10. Cold Chain Procedure
11. Emergency Measures

## Outline

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# Principals of Immunity and Vaccination



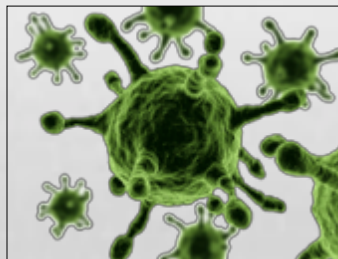
**PART 1**

theAwkwardYeti.com

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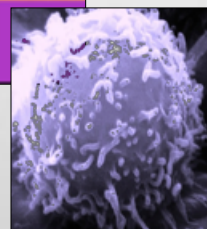
## What is the purpose of immunity?

- Recognize self from non-self
- Recognize and eliminate infectious agents such as viruses and bacteria
- Prevent infection in the future



**Principles: Immunity**

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- <https://www.youtube.com/watch?v=GIJK3dwCWCw>
- <https://www.youtube.com/watch?v=2DFN4IBZ3rI>
- <https://www.youtube.com/watch?v=rd2cf5hValM>

## Immunology 101

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## Getting to Know Vaccines



## PART 2

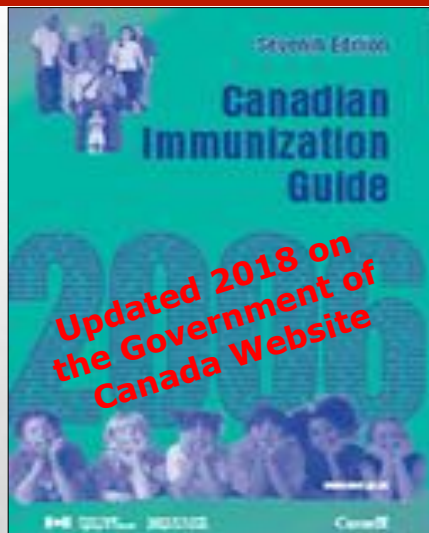
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## Live vs DEAD

- Induce immunity by actively replicating within the host
  - Vaccine strains are weakened so that infection is either not apparent or very mild (*attenuated*)
  - Mimics natural infection
  - Leads to T and B cell activation
  - Contraindicated in patient with immunodeficiency
  - Together or 4 weeks apart
- Contain killed (*inactivated*) bacteria or virus
  - Activate innate responses at their site of injection
  - Need to be injected into well vascularised muscle to be effective
  - Most always require multiple doses
  - May require periodic supplemental doses to increase (boost) antibody levels

### Types of Immunizing Products

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<https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

Now lets review the online guide...

### Canadian Immunization Guide

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**(T)*Clostridium tetani***

- Direct-contact
- 99% efficacy

**(d)*C. Diphtheriae***

- Direct-contact & airborne-contact
- 97% efficacy

**(ap)*Bordetella pertussis***


- Airborne-contact & direct-contact
- 80%-85% efficacy

**(IPV)*Poliovirus***

- Faecal-oral contact
- 100% efficacy

***Haemophilus influenzae Type B***

- Airborne-contact & direct-contact
- 95%-100% efficacy



**Routine:**  
**4-dose schedule at 2, 4, 6 & 18 months.**  
**The series should start no earlier than 6 weeks of age.**

## Tdap-IPV-Hib

**(Pediace)**

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**(T)*Clostridium tetani***

- Direct-contact
- 99% efficacy

**(d)*C. Diphtheriae***


- Direct-contact & airborne-contact
- 97% efficacy

**(ap)*Bordetella pertussis***

- Airborne-contact & direct-contact
- 80%-85% efficacy

**(IPV)*Poliovirus***

- Faecal-oral contact
- 100% efficacy



**Routine: 1 dose (4y-6y)**

## Tdap-IPV

**(Adacel-Polio)**

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**(T)*Clostridium tetani***

- Direct-contact
- 99% efficacy

**(d)*C. Diphtheriae***

- Direct-contact & airborne contact
- 97% efficacy

**(ap)*Bordetella pertussis***

- Airborne-contact & direct-contact
- 80%-85% efficacy



**Routine: 1 dose  
14y-16 y (10y after the  
4-6y booster)**

**Tdap  
(Adacel)**

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**(T)*Clostridium tetani***

- Direct-contact
- 99% efficacy

**(d)*C. Diphtheriae***

- Direct-contact & airborne-contact
- 97% efficacy



**Routine: 1 dose Q10y**

**Td  
(Td Adsorbed)**

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***Streptococcus pneumoniae***

- Airborne-contact & direct-contact
- 89%-97% efficacy

**SE:** redness, swelling, soreness

**Routine: 3-dose schedule at 2 & 4 months and 12 months of age for all low risk children < 2 years of age.**

***High Risk Criteria:***

## **Pneumococcal Conjugate** **(Prevnar)**



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Polysaccharide format:

***Streptococcus pneumoniae***

- Airborne-contact & direct-contact
- 50%-80% efficacy among elderly and specific groups

**Routine: 65y and booster 5 y later**

***High risk Criteria:***

- 2y-64y



## **Pneumococcal Polysaccharide 23** **(Pneumovax 23)**

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### ***Rotavirus***

- Faecal-oral contact
- 85%-98% efficacy
- **NEW!** 5-valent vaccine
- **NEW!** 3-dose series

### **Routine:**

- **3-doses scheduled at 2, 4 and 6 months.**
- **Doses must be at least 4 weeks apart**
- **Do not initiate if infant is over 15 wks of age**
- **Completion of series before 8 mos of age.**



Live

## **Rotavirus** **(Rotateq)**

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### ***N. Meningitidis***

- Airborne-contact & direct-contact
- 97% efficacy

**Routine: Children aged 1 year old should receive a single dose**

### ***High Risk Criteria:***

- 2 to 4 doses 2m apart



## **Meningococcal Conjugate C** **(Menjugate)**

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### ***N. Meningitidis***

- Airborne-contact & direct-contact
- 80%-85% efficacy within 3-4 years of vaccination

SE: redness, swelling, soreness at injection site

**Routine:** Students in grade 7 are eligible to receive a single dose of Men-C-ACYW.

*High Risk Criteria:*



## **Meningococcal Conjugate ACYW-135 (Menactra)**

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### ***Measles virus***

- Airborne-contact
- 100% efficacy

SE: pain, redness at injection site, low-grade fever and rash

**Live**

### ***Mumps virus***

- Airborne-contact & direct-contact
- 76%-95% efficacy

### ***Rubella virus***

- Airborne-contact
- 97% efficacy

**Routine:** The 1<sup>st</sup> dose of MMR should be given on or after the 1<sup>st</sup> birthday. The 2<sup>nd</sup> dose should be given as MMRV at 4-6 years of age.



Outbreak of Mumps in SLZ in 2017

## **Measles, Mumps, Rubella (MMR II, Priorix)**

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***Varicella zoster***

- Airborne-contact
- 94.4%-98.3% efficacy

SE: pain, swelling, redness at injection site, low-grade fever and varicella like rash (3%-5% of vaccines)

**Routine:** Children 15 months of age should receive the 1<sup>st</sup> dose. The 2<sup>nd</sup> dose should be given as MMRV at 4-6 years of age.



# Varicella Live

(Varivax III, Varilrix)

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***Measles virus***

- Airborne-contact
- 100% efficacy

***Mumps virus***

- Airborne-contact & direct-contact
- 76%-95% efficacy

***Rubella virus***

- Airborne-contact
- 97% efficacy

***Varicella zoster***

- Airborne-contact
- 94.4%-98.3% efficacy

**Routine:** given at 4-6 years of age.



# Measles, Mumps, Rubella, Varicella Live

(ProQuad, Priorix-Tetra)

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### **Hepatitis B Virus**

- *Direct*-contact
- 95%-100% efficacy pre-exposure

SE: irritability, headache, fatigue,  
pain/redness at injection site

**Routine: 2-dose\***  
**schedule for grade 7**  
**students give 4-6 months**  
**apart depending on the**  
**product used**



## **Hepatitis B**

### **(Recombivax)**

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1. 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)
2. 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)
3. Household and sexual contacts of chronic carriers and acute cases (3 doses)
4. History of a sexually transmitted disease (3 doses)
5. **Intravenous drug use** (3 doses)
6. **Liver disease** (chronic), including hepatitis B and C (3 doses)
7. Awaiting liver transplants (2nd and 3rd doses only)
8. Men who have sex with men (3 doses)
9. **Multiple sex partners** (3 doses)
10. Needle stick injuries in a non-health care setting (3 doses)
11. On renal dialysis or those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (2nd and 3rd doses only)

## **Hepatitis B (High Risk Criteria)**

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**Influenza A virus,  
Influenza B virus**

- Airborne-contact
- 30% efficacy against influenza-like illness (80% efficacy against laboratory confirmed influenza)



**Routine: Age 6m-9y should received 2 doses 4w apart for initial dose then annually prior to flu season**



## Influenza

**(FluLaval Tetra, Fluzone Quadrivalent; FluMist Quadrivalent and Fluzone trivalent – 2018/19)**

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**Herpes zoster**

- Direct-contact & rarely airborne-contact
- 51% efficacy
- 65.5% preventing PHN

**SE:** pain, swelling, redness to injection site

**Publicly Funded:** 65y-70y  
**Self-Pay:** May have age 50+



## Live Herpes Zoster (Shingles)

**(Zostavax II & Shingrix)**

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### Human papillomavirus

- Direct-contact
- 99% protection with 3 dose series
- quadravalent and 9-valent preparations available

### **Routine:**

- **Healthy males/females 9-14 yrs:**
  - 2 doses (0m and 6m)
- **Healthy males/females >15yrs:**
  - 3 doses (0m, 2m, 6m)



## **Human papillomavirus** **(Cervarix, Gardasil-4, Gardasil-9)**

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| Indication/Prevalence  | Indication/Prevalence  | Age Group | Number of Doses | Notes      |
|--|--|-----------|-----------------|------------|
| HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | 9-14 yrs  | 2 doses         | 0m and 6m  |
| HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | 15-26 yrs | 3 doses         | 0m, 2m, 6m |
| HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | 27-45 yrs | 3 doses         | 0m, 2m, 6m |
| HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | 46-64 yrs | 3 doses         | 0m, 2m, 6m |
| HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | HPV 16/18/31/33/45/51/52/56/58/59/66/68/73/82/84/89/91/92/93/94/95/96/97/98/99 | 65-74 yrs | 3 doses         | 0m, 2m, 6m |

## **High Risk Vaccine Program**

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## Module 7 - Paediatric and Adult Immunizations

| Age     | Sex    | Dose | Dose No. | Notes   |
|---------|--------|------|----------|---|
|         |        |      |          |   |
| Newborn | Male   | 1    | 1        | 1. BCG (Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae)<br>2. Hib (Haemophilus influenzae type b)<br>3. Polio (Poliovirus)<br>4. Rotavirus (Rotavirus)<br>5. Hepatitis B (Hepatitis B virus) |
|         | Female | 1    | 1        | 1. BCG (Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae)<br>2. Hib (Haemophilus influenzae type b)<br>3. Polio (Poliovirus)<br>4. Rotavirus (Rotavirus)<br>5. Hepatitis B (Hepatitis B virus) |
| Infant  | Male   | 2    | 2        | 1. Hib (Haemophilus influenzae type b)<br>2. Polio (Poliovirus)<br>3. Rotavirus (Rotavirus)<br>4. Hepatitis B (Hepatitis B virus)   |
|         | Female | 2    | 2        | 1. Hib (Haemophilus influenzae type b)<br>2. Polio (Poliovirus)<br>3. Rotavirus (Rotavirus)<br>4. Hepatitis B (Hepatitis B virus)   |

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| Age     | Sex    | Dose | Dose No. | Notes   |
|---------|--------|------|----------|---|
|         |        |      |          |   |
| Newborn | Male   | 1    | 1        | 1. BCG (Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae)<br>2. Hib (Haemophilus influenzae type b)<br>3. Polio (Poliovirus)<br>4. Rotavirus (Rotavirus)<br>5. Hepatitis B (Hepatitis B virus) |
|         | Female | 1    | 1        | 1. BCG (Bordetella pertussis, Clostridium tetani, Corynebacterium diphtheriae)<br>2. Hib (Haemophilus influenzae type b)<br>3. Polio (Poliovirus)<br>4. Rotavirus (Rotavirus)<br>5. Hepatitis B (Hepatitis B virus) |
| Infant  | Male   | 2    | 2        | 1. Hib (Haemophilus influenzae type b)<br>2. Polio (Poliovirus)<br>3. Rotavirus (Rotavirus)<br>4. Hepatitis B (Hepatitis B virus)   |
|         | Female | 2    | 2        | 1. Hib (Haemophilus influenzae type b)<br>2. Polio (Poliovirus)<br>3. Rotavirus (Rotavirus)<br>4. Hepatitis B (Hepatitis B virus)   |
| Toddler | Male   | 3    | 3        | 1. Hib (Haemophilus influenzae type b)<br>2. Polio (Poliovirus)<br>3. Rotavirus (Rotavirus)<br>4. Hepatitis B (Hepatitis B virus)   |
|         | Female | 3    | 3        | 1. Hib (Haemophilus influenzae type b)<br>2. Polio (Poliovirus)<br>3. Rotavirus (Rotavirus)<br>4. Hepatitis B (Hepatitis B virus)   |

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# Immunization Procedures



## PART 3

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**Medical Directive**  
Authority to Administer Immunizations as per the Publicly Funded Immunization Schedule for Ontario by Nurses Working in First Nations Communities in FNHO-Ontario Region

Medical Directive: CD-000-2017-02  
Activation Date: January 1, 2018  
Review Date: January 11, 2019  
Responsible Party: Dr. Ken Rogerson, MD, FRCPC, FRCPC (P), Regional Medical Officer, (West Coast, NP (PNC), Director of Nursing

**Objectives/Outcomes:**

- The administration of immunizations in accordance with the Ontario Publicly Funded Immunization Schedule, FNHO-Ontario Region Immunization Protocol which includes the current Canadian Immunization Guide and Regional Policies and The College of Nurses of Ontario's Nursing Standards and Guidelines.
- The management of post-immunization anaphylaxis in accordance with the Canadian Immunization Guide and FNHO-Ontario Region Basic Management of Post-immunization Anaphylaxis in Non-hospital Setting.

**Informed Consent:**  
Registered Nurses (RNs) and Registered Practical Nurses (RPNs) will obtain informed consent as per the College of Nurses of Ontario, Practice Guidelines on Consent with additional support from the FNHO-Ontario Region Immunization Protocol.

**Responsible Clients/Patients:**  
Individuals, families or groups living or working in First Nations communities in Ontario, excluding provincially and/or federally funded health care facilities where care is managed and delivered under another physician's supervision. Any immunizations in these facilities would be provided under the authority of the supervising physician and would not be covered by this medical directive.

**Authorized Implementers:**  
The medical directive may be implemented by nurses who:

- are RNs or RPNs working in First Nations communities in Ontario, who are in good standing with the College of Nurses of Ontario, with no suspensions.
- are working in a Community Health Nursing role.
- have successfully completed the FNHO-Ontario Region Immunization Orientation and Competency Certification, and attended all mandatory immunization education sessions to maintain competency.

**All nurses using this directive must be:**

- Knowledgeable about the current FNHO-Ontario Region Immunization Protocol and other related policies/procedures and practice standards.
- Able to apply their knowledge, judgment and skills in safely administering the most current Publicly Funded Immunization Schedule for Ontario.
- Remain up-to-date on changes to the Publicly Funded Immunization Schedule for Ontario as updated by the Ministry of Health and Long-Term Care (MHLTC).
- Remain up-to-date on changes to the FNHO-Ontario Region Immunization Protocol including the current Canadian Immunization Guide and approved regional policies.
- Knowledgeable and remain up-to-date on Early Vaccine Reactions including Anaphylaxis found in the Canadian Immunization Guide, Part 2 - Vaccine Safety and the FNHO-Ontario Region Basic Management of Post-immunization Anaphylaxis in Non-hospital Setting.
- Currently verified in CPR.

HC-FNHO-OR-CD-000-2017-02 1 of 2 Last Revised: December 2017

### Medical Directive:

- Is given in advance by physicians/ordering authorizers to enable an implementer to decide to perform the ordered procedure(s) under specific conditions without a direct assessment by the physician or authorizer at the time.

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## Module 7 - Paediatric and Adult Immunizations

**Publicly Funded Immunization Schedules for Ontario – December 2016**  
(Publicly funded immunizations must be provided with no charges, full-dose and must be free of charge)

| Age   | 1 Month | 2 Months | 3 Months | 4 Months | 5 Months | 6 Months | 7 Months | 9 Months | 12 Months | 15 Months | 18 Months | 24 Months |
|---|---------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| <b>DTaP-IPV-Hib</b><br>Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b | +       | +        | +        |          |          | +        |          |          |           |           |           |           |
| <b>MMR</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR2</b><br>Measles, Mumps, Rubella  |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR3</b><br>Measles, Mumps, Rubella  |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR4</b><br>Measles, Mumps, Rubella  |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR5</b><br>Measles, Mumps, Rubella  |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR6</b><br>Measles, Mumps, Rubella  |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR7</b><br>Measles, Mumps, Rubella  |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR8</b><br>Measles, Mumps, Rubella  |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR9</b><br>Measles, Mumps, Rubella  |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR10</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR11</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR12</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR13</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR14</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR15</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR16</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR17</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR18</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR19</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR20</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR21</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR22</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR23</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR24</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR25</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR26</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR27</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR28</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR29</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR30</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR31</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR32</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR33</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR34</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR35</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR36</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR37</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR38</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR39</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR40</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR41</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR42</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR43</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR44</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR45</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR46</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR47</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR48</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR49</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR50</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR51</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR52</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR53</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR54</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR55</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR56</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR57</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR58</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR59</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR60</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR61</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR62</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR63</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR64</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR65</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR66</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR67</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR68</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR69</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR70</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR71</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR72</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR73</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR74</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR75</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR76</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR77</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR78</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR79</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR80</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR81</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR82</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR83</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR84</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR85</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR86</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR87</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR88</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR89</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR90</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR91</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR92</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR93</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR94</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR95</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR96</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR97</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR98</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR99</b><br>Measles, Mumps, Rubella   |         |          |          |          |          |          |          |          |           |           |           |           |
| <b>MMR100</b><br>Measles, Mumps, Rubella  |         |          |          |          |          |          |          |          |           |           |           |           |

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**Routine Schedule: Children Starting Immunization in Infancy**

| Vaccine   | Age | 2 Months | 4 Months | 6 Months |
|---|-----|----------|----------|----------|
| <b>DTaP-IPV-Hib</b><br>Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b |     | +        | +        | +        |
| <b>Pneum.C-13</b><br>Pneumococcal Conjugate 13  |     | +        | +        |          |
| <b>Rot.1</b><br>Rotavirus   |     | +        | +        |          |
| <b>Men.C-C</b><br>Meningococcal Conjugate C   |     |          |          |          |
| <b>MMR</b><br>Measles, Mumps, Rubella   |     |          |          |          |
| <b>Var</b><br>Varicella   |     |          |          |          |

**Lets take a closer look @ Routine Schedule**

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## Module 7 - Paediatric and Adult Immunizations

# Publicly Funded Immunization Schedules for Ontario – December 2016

Parents should discuss their child's immunization schedule with their family doctor or nurse practitioner.

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

| Vaccine       | 1st Visit   |      |        | 2nd Visit<br>2 months after 1st visit |                     |                     |                   | 3rd Visit<br>4 months after 1st visit |        |      |      | 4th Visit<br>6 months after 1st visit |      |      |        | 5th Visit<br>12 months after 1st visit |      |        |      | 6th Visit<br>18 months after 1st visit |  |  |    | 7th Visit<br>24 months after 1st visit |  |  |  |
|---------------|-------------|------|--------|---------------------------------------|---------------------|---------------------|-------------------|---------------------------------------|--------|------|------|---------------------------------------|------|------|--------|--|------|--------|------|--|--|--|----|--|--|--|--|
|               | If child is |      |        | If child is 1-6 years and was         |                     |                     |                   | If child is                           |        |      |      | If child is                           |      |      |        | If child is                            |      |        |      | If child is                            |  |  |    |  |  |  |  |
|               | <1 yr       | 1 yr | 1.5 yr | <1 yr at 1st visit                    | 1-6 yr at 1st visit | 1.5 yr at 1st visit | 6 yr at 1st visit | 1 yr                                  | 1.5 yr | 6 yr | 1 yr | 1.5 yr                                | 6 yr | 1 yr | 1.5 yr | 6 yr                                   | 1 yr | 1.5 yr | 6 yr |  |  |  |    |  |  |  |  |
| DTaP-IPV- Hib | +           | +    |        | +                                     |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| Polio-IPV     | +           | +    |        | +                                     | +                   |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMR           | +           |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             | +    | +      |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      | +      |                                       | +                   | +                   | +                 |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| Var           |             |      |        | +                                     | +                   | +                   |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| Men-C-C       | +           | +    | +      |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| DTaP-IPV      |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  |    |  |  |  |  |
| MMRV          |             |      |        |                                       |                     |                     |                   |                                       |        |      |      |                                       |      |      |        |  |      |        |      |  |  |  | </ |  |  |  |  |

| Catch-up Schedule 1: Children Starting Immunization between 1-6 Years |     |             |       |         |                                       |                                    |                                  |                                |             |       |  |
|---|-----|-------------|-------|---------|---------------------------------------|------------------------------------|----------------------------------|--------------------------------|-------------|-------|--|
| Vaccine   | Age | 1st Visit   |       |         | 2nd Visit<br>2 months after 1st visit |                                    |                                  |                                |             |       |  |
|   |     | If child is |       |         | If child is <6 years and was          |                                    |                                  |                                | If child is |       |  |
|   |     | <1 yrs      | 1 yrs | 1.5 yrs | <11 mos at 1 <sup>st</sup> visit      | 11-20 mos at 1 <sup>st</sup> visit | 2-5 yrs at 1 <sup>st</sup> visit | 6 yrs at 1 <sup>st</sup> visit | 1.5 yrs     | 7 yrs |  |
| DTaP-IPV-Hib  |     | +           | +     |         | +                                     |                                    |                                  |                                |             |       |  |
| Polio-C-IPV   |     | +           | +     |         | +                                     | +                                  |                                  |                                |             |       |  |
| MMR   |     | +           |       |         |                                       |                                    |                                  |                                |             |       |  |
| MMRV  |     |             | +     | +       |                                       |                                    |                                  |                                |             |       |  |
| DTaP-IPV  |     |             |       | +       |                                       | +                                  | +                                | +                              |             |       |  |
| Var   |     |             |       |         | +                                     | +                                  | +                                |                                |             |       |  |
| Men-C-C   |     | +           | +     | +       |                                       |                                    |                                  |                                |             |       |  |



**Lets take a closer look @ Catch-up Sched 1**

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## Module 7 - Paediatric and Adult Immunizations

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

| Catch-up Schedule 1: Children Starting Immunization between 7-17 Years |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
|--|-----|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| Vaccine  | Age | 1st Visit             |                       |                       |                       | 2nd Visit             |                       |                       |                       | 3rd Visit<br>(on or after 12/1/2000) | 4th Visit<br>(on or after 12/1/2000) | 5th Visit<br>(on or after 12/1/2000) | 6th Visit<br>(on or after 12/1/2000) | 7th Visit<br>(on or after 12/1/2000) | 8th Visit<br>(on or after 12/1/2000) | 9th Visit<br>(on or after 12/1/2000) | 10th Visit<br>(on or after 12/1/2000) |
|  |     | on or after 12/1/2000 | on or after 12/1/2000 | on or after 12/1/2000 | on or after 12/1/2000 | on or after 12/1/2000 | on or after 12/1/2000 | on or after 12/1/2000 | on or after 12/1/2000 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Tdap-IPV   |     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMR  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Var  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C.C  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| HB   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Men.C-ACTW   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| IPV  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| DTaP   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| Polio  |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MM   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |
| MMRV   |     |                       |                       |                       |                       |                       |                       |                       |                       |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                       |

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

| Vaccine    | Age | 1st Visit  |   |   |  |
|------------|-----|--|---|---|--|
|            |     | If child is <13 years and born on or after 2000/Sep/01 | If child is <13 years and born on or prior to 2000/Aug/01 | If child is ≥13 years and born on or after 2000 | If child is ≥13 years and born on or prior to 2000 |
| Tdap-IPV   |     | +  | +   | +   | +  |
| MMRV       |     | +  | +   | +   | +  |
| MMR        |     |  |   | +   | +  |
| Var        |     |  |   | +   | +  |
| Men.C.C    |     | +  |   |   |  |
| HB         |     |  |   |   |  |
| Men.C-ACTW |     |  |   |   |  |

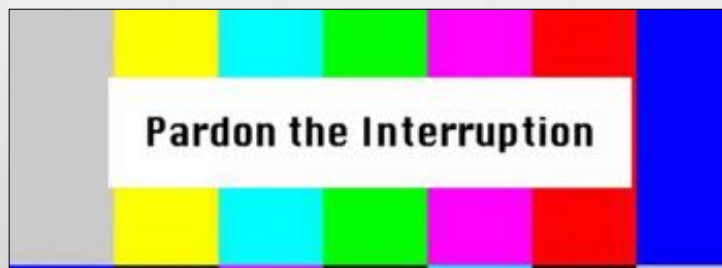
1. + indicates the vaccine is recommended for this age group.  
2. - indicates the vaccine is not recommended for this age group.  
3. + indicates the vaccine is recommended for this age group, but only if the child has not received the vaccine previously.  
4. - indicates the vaccine is not recommended for this age group, but only if the child has not received the vaccine previously.  
5. + indicates the vaccine is recommended for this age group, but only if the child has not received the vaccine previously, and only if the child is not currently receiving the vaccine.  
6. - indicates the vaccine is not recommended for this age group, but only if the child has not received the vaccine previously, and only if the child is not currently receiving the vaccine.  
7. + indicates the vaccine is recommended for this age group, but only if the child has not received the vaccine previously, and only if the child is not currently receiving the vaccine, and only if the child is not currently receiving the vaccine.  
8. - indicates the vaccine is not recommended for this age group, but only if the child has not received the vaccine previously, and only if the child is not currently receiving the vaccine, and only if the child is not currently receiving the vaccine.

**Lets take a closer look @ Catch-up Sched 2**

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“Interruption of a series of vaccinations for any reason does not require starting the series over again, regardless of the interval elapsed.”



## General Principle

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## Case Studies



## PART 4

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- Nipin is 6 months old and attends the clinic for her well child visit with her mother. According to her chart she is up to date with her immunizations. Which immunizations would you provide at this visit?



- Which vaccines would you review with the family for her next visit?

### Case Study #1

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- Ricky, 12 months, is brought in for his well child visit with his parents. You notice that he missed his 4 and 6 month well child visits and immunizations.
- What does Ricky require for his immunization catch-up?



- Which vaccines would you review with the family for his next visit?

### Case Study #2

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- Ruby, 65 years of age attends the clinic today for a periodic health exam. She said she was watching an episode of Dr. Oz and he talked about vaccines for adults. She would like to know what she could receive.
- What immunizations would you discuss with her given her age?



What else would you want to ask her?

### Case Study #3

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## Barriers to Vaccination



### PART 5

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- Immunization service should be responsive to the needs of vaccine recipient.
- When feasible, providers should schedule immunization appointments in conjunction with appointments for other health services.

## Barriers to Immunization

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- **Are vaccines safe?**
  - At least 10 years of research to be approved by Health Canada
  - Vaccines used in Canada are safe and effective.
  - Furthermore, vaccines are readily monitored
- **Will vaccines make me sick?**
  - No
- **What is found in vaccines?**
  - Dead or weakened viruses or bacteria
  - Adjuvants which help the body's immune system respond better to the vaccine
  - Additives (Gelatin) and preservatives which help to maintain the quality and effectiveness of the vaccine



<https://www.youtube.com/watch?v=OgpfNScEd3M>

## Anti-vaccine movement

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| Comparison of Effects of Diseases and Vaccines  |   |  |
|---|---|--|
| Effects of disease*   |   | Side effects of vaccine  |
| Pre-vaccine incidence   | Post-vaccine incidence  |  |
| <b>Diphtheria</b><br>Symptoms result from local infection of the respiratory tract (which may lead to breathing difficulties) or of the skin or mucosal surfaces, or from dissemination of diphtheria toxin, which damages the heart and central nervous system. The case fatality was about 5% to 10%, with highest death rates occurring in the very young and the elderly. |   | DTaP/1PV/Hib vaccine: serious adverse events following immunization are rare. The most common adverse reactions are redness, swelling and pain at the injection site. Systemic reactions such as fever and irritability are less common. Redness and swelling greater than 3.5 cm diameter, with minimal pain, are more common in children receiving the fifth consecutive dose of vaccine at 4 to 6 years of age, and have been reported in up to 16% of children. In older persons receiving the Td booster, injection site reactions are reported by about 10% of recipients. |
| 5-year period: 1925-1929<br>Avg. annual rate: 84.2<br>Peak annual no: 9,010 cases   | 5-year period: 2000-2004<br>Avg. annual rate: 0<br>Peak annual no: 1 case |  |

**Comparison of Diphtheria vs Vaccination** © CHCA 2018

| Comparison of Effects of Diseases and Vaccines   |  |  |
|--|--|--|
| Effects of disease*  |  | Side effects of vaccine  |
| Pre-vaccine incidence  | Post-vaccine incidence   |  |
| <b>Measles</b><br>Complications such as bronchopneumonia and otitis media occur in about 10%. Encephalitis occurs in 1/1,000 cases (fatal in 15% and neurologic sequelae in 25%). Subacute sclerosing panencephalitis is a rare but fatal complication. Case fatality < 0.05%. With 2-dose schedule, indigenous measles has been eliminated in Canada. |  | Measles vaccine is given in combination with mumps and rubella (MMR).<br>MMR vaccine:<br>Malaise and fever, with or without a non-infectious rash in about 5%; up to 1% of recipients may develop parotitis, about 5% have swollen glands, stiff neck or joint pains. Transient arthralgias or arthritis may occur and are more common in post-pubertal females.<br>About 1/30,000 develop transient thrombocytopenia, 1/1 million develop encephalitis. |
| 5-year period: 1950-1954<br>Avg. annual rate: 369.1<br>Peak annual no: 61,370 cases  | 5-year period: 2000-2004<br>Avg. annual rate: 0.2<br>Peak annual no: 199 cases |  |

**Comparison of Measles vs Vaccination** © CHCA 2018

# Consent and Documentation



## PART 6

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- To obtain informed consent for the administration of immunizations parent/guardian or individual must be given information about:
  - the disease related to the vaccine,
  - the component of the vaccine,
  - the immune process and
  - information about the immunization schedule for the vaccine.

## Informed Consent

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## Module 7 - Paediatric and Adult Immunizations

The image displays two pages of the 'Immunization Documentation and Consent' form. The left page includes the 'Client's Name' section and 'Immunization Screening Questions'. The right page includes the 'Client's Demographic Information' and 'Immunization History'.

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The image displays a single page of the 'Immunization Documentation and Consent' form, focusing on the 'Immunization Screening Questions' section. The form includes a header with the Health Canada logo and the title 'Immunization Documentation and Consent (A separate form is to be filled out for each immunization visit)'. Below the header, there are sections for 'Client's Name', 'DOB', and 'Immunization Screening Questions'. The questions are numbered 1 through 10, and each question has a 'Yes' and 'No' column for recording the answer.

### Immunization Screening Questions

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## Module 7 - Paediatric and Adult Immunizations

| Client Consent for Immunization  |   |  |  |          |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |
|--|---|--|--|----------|--------|----------|--------|----------|------------------------------------|-------|-------|-------|-------|---|-------|-------|-------|-------|---|-------|-------|-------|-------|
| <p>I have read or had explained to me information about the vaccine(s) that my/our child will be receiving.</p> <p>I have had the chance to ask questions, which were answered to my satisfaction.</p> <p>I am aware that personal health information collected on this form may be put into a database &amp;/or shared with another health care provider(s), if that is required for my/our child's care.</p> <p>I understand the risks and benefits associated with and consent to receive the vaccine(s).</p> <p>I agree that my/our child's complete immunization history contained in the PHRI may be shared with the relevant Public Health Unit for the purpose of assessing my/our child's history for school attendance in accordance with Regulation 446 of the Immunization of School Pupils Act.</p> | <p><b>Vaccine(s) Being Given:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> |  | <p><b>Form of Consent:</b></p> <p><input type="checkbox"/> Written <input type="checkbox"/> Verbal</p> <p><b>Relationship:</b></p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Guard</p> <p><input type="checkbox"/> Substitute Decision-Maker</p> <p><b>Print Name of Person Giving Consent:</b></p> <p>_____</p> |          |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |
|  | <p><b>Date:</b></p> <p>_____/_____/_____</p>  | <p><b>Signature of Person Giving Consent:</b></p> <p>_____</p> |  |          |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |
| <p><b>Mandatory Nursing Actions:</b> Check each line when completed. If required, document in Nursing Notes/Infectious Diseases chart for additional notes. Call Immunization Support Line @ 1-866-957-5577 if needed.</p> <table border="1"> <thead> <tr> <th></th> <th>Yes/No</th> <th>Comments</th> <th>Yes/No</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Immunize 1st group(s) &amp; vaccine(s)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Give 1st immunization history statement</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Yes/No, benefits &amp; risks of vaccination</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>   |   |  |  |          | Yes/No | Comments | Yes/No | Comments | Immunize 1st group(s) & vaccine(s) | _____ | _____ | _____ | _____ | Give 1st immunization history statement | _____ | _____ | _____ | _____ | Yes/No, benefits & risks of vaccination | _____ | _____ | _____ | _____ |
|  | Yes/No  | Comments   | Yes/No   | Comments |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |
| Immunize 1st group(s) & vaccine(s)   | _____   | _____  | _____  | _____    |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |
| Give 1st immunization history statement  | _____   | _____  | _____  | _____    |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |
| Yes/No, benefits & risks of vaccination  | _____   | _____  | _____  | _____    |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |
| <p><b>Nursing Notes required:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>   |   |  | <p><input type="checkbox"/> Check Box if additional nursing notes were added to chart</p>  |          |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |
| <p><b>Provider Name (please print):</b></p> <p>_____</p>   |   | <p><b>Signature - Credentials (i.e. RN)</b></p> <p>_____</p>   |  |          |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |
| <p>_____</p>   |   | <p>_____</p>   |  |          |        |          |        |          |                                    |       |       |       |       |   |       |       |       |       |   |       |       |       |       |

## Consent / Mandatory Nursing Actions

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| Vaccines Given  |  |  |   |   |   |   |   |   |   |   |
|---|--|--|---|---|---|---|---|---|---|---|
| Date/Vaccine(s) Given   |  | Enter all ages - record vaccine per child  |   |   |   |   |   | Parent/Adult & Family Notes                 |   |   |
| Last Vaccine Given  |  | For information, please provide your complete birth date(s) for each child. For children under 18, please provide their "best" guess of gender (M=Male, F=Female). |   |   |   |   |   |   |   |   |
| 1   | Vaccine Trade Name<br>Lot # & Expiration | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12  | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 |
| 2   | Vaccine Trade Name<br>Lot # & Expiration | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12  | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 |
| 3   | Vaccine Trade Name<br>Lot # & Expiration | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12  | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 |
| 4   | Vaccine Trade Name<br>Lot # & Expiration | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12  | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 |
| 5   | Vaccine Trade Name<br>Lot # & Expiration | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12  | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 | Age<br>M = 12<br>F = 12<br>M = 12<br>F = 12 |
| Provider Name (please print)  |  | Signature - (Print Name & Age)   |   |   |   |   |   | Initials                                    |   |   |
|   |  |  |   |   |   |   |   |   |   |   |
|   |  |  |   |   |   |   |   |   |   |   |
|   |  |  |   |   |   |   |   |   |   |   |
| Date of any other unusual Vaccine Trade Name Issues prior to being faxed completed age 2 to: 613-951-0177 |  |  |   |   |   |   |   |   |   |   |

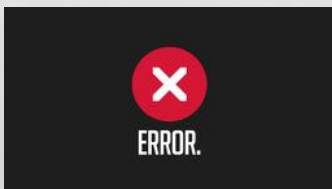
## Vaccines Given (reverse side)

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- Errors must be documented on a med error form and reported to your NIC and/or NPC
- Errors may also be found on documentation forms that are sent in for data entry. This must be reported to the immunizing nurse (for clarification) & if warranted, the NIC or zone NPC

This system is not meant to be punitive, rather, to see where more support can be offered to nurses in the field.



## Immunization Errors

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## Other Vaccines



## PART 7

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- Immune globulins are proteins extracted from blood serum
- It contains antibodies that recognize and attack specific antigens
- Non-specific immune globulins administered intramuscularly are used to prevent Measles and Hepatitis A or B
- Immune Globulins are short acting, therefore, vaccinations need to be given in addition for a long lasting effect



## Principles: Immune Globulins

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*Clostridium perfringens*  
Anti toxin

- Anti-toxins are antibodies that have the ability to neutralize a specific toxin.
- They are produced by injecting animals with a specific toxin.

Examples: diphtheria, gas gangrene, botulism tetanus

## Principles: Anti-Toxins

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## Tuberculin Skin Test (TST)

### Delegated procedure

Recipient Client/Patients:

- Contacts of active TB cases
- Routine screening of 4 and 14 year olds in TBZ and MFZ
- Routine Screening of 4 year olds with no BCG History in Lac Seul, Pikangikum, Poplar Hill, Sandy Lake and Mishkeegogamang
- When required prior to giving BCG



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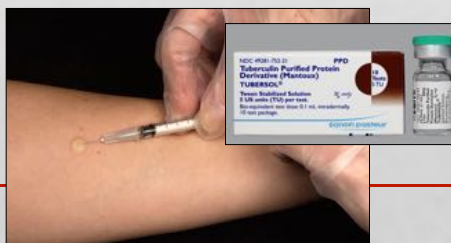
## BCG

BCG vaccination is not currently being provided: pending review –Agency RNs are not certified to administer

- *Bacillus Calmette–Guérin (BCG)* vaccine is a vaccine primarily used against tuberculosis.
- BCG is still given in some Northern Communities at Birth
- Agency nurses are **not** certified to give BCG
- Given in Right deltoid
- Can create an open sore for up to 6 weeks
- Dry dressing only. No topical antimicrobials

## TST

- The Tuberculin Skin Test (TST) or Mantoux test is a tool for screening for tuberculosis (TB) and for tuberculosis diagnosis.
- TST is given at 4-6 years old
- Two step test
- Check at 48-72 hours
- Measure induration only
- What is the work up if positive?



## BCG vs. TST

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## Module 7 - Paediatric and Adult Immunizations

| TST Reaction Size | Situation When Result is Considered Positive  |
|-------------------|---|
| 0 - 4mm           | In general this is considered negative and no tx is indicated<br>Child less than 5 years and high risk of TB infection  |
| 5 - 9mm           | HIV infection<br>Contact with infectious TB within the past 2 years<br>Fibronodular disease on chest x-ray (healed TB but not previously treated)<br>Organ transplantation (related to immune suppressant therapy)<br>TNF alpha inhibitors<br>Other immunosuppressive drugs e.g. corticosteroids<br>End-stage renal disease |
| ≥ 10mm            | TST conversion (within 2 years)<br>Diabetes, malnutrition<br>Silicosis<br>Hematologic malignancies  |



### TST interpretation

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|  <b>Health Canada</b>   |  | <b>Tuberculin Skin Test Form</b>   |  |
|--|--|--|--|
| <b>Client Demographic Information</b>  |  |  |  |
| Client's Name: _____   |  | Client's Name: _____   |  |
| (Last, First, Middle Initial)  |  | (Last, First, Middle Initial)  |  |
| Unique Identifier (NIP #): _____   |  | DOB: DD MM YYYY: _____   |  |
| Previous Identifier: _____   |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated                  |  |
| Band Number: _____   |  |  |  |
| <b>Tuberculin Screening Questions</b> (to be completed by the Community Health Worker prior to test and for previous TSTs or TB history). Please answer these screening questions by checking (✓) where appropriate. |  |  |  |
| 1. Have you, has your child had tuberculosis?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 2. Have you, has your child ever had a TB skin test as their first name that caused a wheal (a slightly swollen)?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 3. Have you, has your child ever had a TB skin test that caused a bump equal to or greater than 11 mm (size of a dime)?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 4. Have you, has your child had a skin reaction in the past 4 weeks? (coughs, weight loss, fevers, night sweats, or other signs)   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| If the client answers YES to ANY of the above 4 questions then they should NOT have a tuberculin skin test.  |  |  |  |
| <b>Consent for Tuberculin Skin Test (TST)</b>  |  |  |  |
| <input type="checkbox"/> I have read or had explained to me information about the TST.   |  | Form of Consent: <input type="checkbox"/> Written <input type="checkbox"/> Verbal  |  |
| <input type="checkbox"/> I have had the chance to ask questions, which were answered to my satisfaction.   |  | Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Client <input type="checkbox"/> Substitute Decision Maker |  |
| <input type="checkbox"/> I understand the risks and benefits associated with this test.  |  | First Name of Person Giving Consent: _____   |  |
| <input type="checkbox"/> I am aware that personal health information collected on this form may be shared with another doctor or nurse if that is required for my care.  |  | Signature of Person Giving Consent: _____  |  |
| <input type="checkbox"/> I consent to having the TST done and I understand that I am required to return for reading of the test in 48-72 hours.  |  | Date: _____  |  |
|  |  | Relationship: _____  |  |

### TST Documentation

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**Reasons for Testing (adults & 17 year olds only)**

☐ Contact tracing   ☐ Targeted Screening   ☐ Other \_\_\_\_\_

| Test Specifications                                       |                       |                                      | Test Results  |  |
|---|-----------------------|--------------------------------------|---|--|
| Date of Test<br>DD-MMM-YYYY                               |                       |                                      | Date of Reading<br>DD-MMM-YYYY  |  |
| *Time of Test<br>HH:MM-AM/PM                              |                       |                                      | *Time of Reading<br>HH:MM-AM/PM   |  |
| Site  | Route                 | Site                                 | <input type="checkbox"/> Positive - 4 RR (not Enhanced) Serology (STR) Score<br><input type="checkbox"/> Negative<br><input type="checkbox"/> Not Read<br><input type="checkbox"/> Follow up: <input type="checkbox"/> No follow up required <input type="checkbox"/> Repeat TST<br><input type="checkbox"/> Before TB, CXR, BCG, Rifampin <input type="checkbox"/> Chest X Ray |  |
| Lot #   |                       |                                      | (Note: Serology is necessary for all results)<br>For interpretation of the results see the (NHS) on the back of this form   |  |
| Expiry Date   |                       |                                      |   |  |
| *Please note: 1 step (Rapid) requires a physician's order |                       |                                      |   |  |
| <input type="checkbox"/> Step 1 of 2                      |                       | <input type="checkbox"/> Step 2 of 2 |   |  |
| Print Name of Provider                                    | Signature of Provider |                                      |   |  |

After reading and recording the test result, file this page in the appropriate number below and place this form in the client's chart.

|           |                          |
|-----------|--------------------------|
| File      | Transfer to Test Results |
| All Tests | FAX: 1-811-952-0077      |

**TST Documentation Con't**

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## Reporting Adverse Events



### PART 8

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- Vaccines are safe and continue to be a positive contribution to overall population health, however, there is a slight risk of adverse reactions as a result of vaccination.
- Local reactions are the most common occurrence after a vaccination
- They normally present as indurations, pain or sensitivity, redness or heat at the injection site
- These are generally self limiting and require no treatment



*Injection site reaction*

## Management of Adverse Events

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### Adverse Events Following Immunization (AEFI) are defined as:

- any untoward medical occurrence in a vaccine which follows immunization and which does **not** necessarily have a causal relationship with the administration of the vaccine.
- adverse event may be any unfavourable and/or unintended sign, abnormal laboratory finding, symptom or disease.



## Reportable Adverse Events

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## Module 7 - Paediatric and Adult Immunizations

### REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

☐ Initial report ☐ Follow-up report (Unique episode number)

1a) UNIQUE EPISODE NUMBER: \_\_\_\_\_ 1b) REGION NUMBER: \_\_\_\_\_ 1c) IMPACT LINE: \_\_\_\_\_

2) PATIENT IDENTIFICATION

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Health number: \_\_\_\_\_

Address: \_\_\_\_\_ (city) \_\_\_\_\_

Phone: \_\_\_\_\_

Inform: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Contact info, if different: \_\_\_\_\_

4) INFORMATION AT TIME OF IMMUNIZATION AND AEFI ONSET

4a) At time of immunization

Province/Territory of immunization: \_\_\_\_\_

Date vaccine administered: \_\_\_\_\_ (hr: \_\_\_\_\_ min: \_\_\_\_\_) (sec: \_\_\_\_\_) (pm: \_\_\_\_\_)

Date of birth: \_\_\_\_\_ (yr: \_\_\_\_\_ mo: \_\_\_\_\_ day: \_\_\_\_\_) Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female ☐ Other \_\_\_\_\_

4b) Immunizing agent

| Trade name | Manufacturer | Lot number | Dose # | Dosage/ml | Route | Site |
|------------|--------------|------------|--------|-----------|-------|------|
|            |              |            |        |           |       |      |
|            |              |            |        |           |       |      |
|            |              |            |        |           |       |      |
|            |              |            |        |           |       |      |

4c) Medical history (up to the time of AEFI onset)

(Check all that apply and provide details in section 6)

☐ Concomitant medications ☐ Known medical conditions/allergies ☐ Acute illness/injury

5) IMMUNIZATION ERRORS

Did this AEFI follow an incorrect immunization? ☐ No ☐ Yes ☐ Unknown ☐ Yes

(If Yes, choose one of the above and provide details in section 6)

☐ Given outside the recommended age limits ☐ Product expired ☐ Incorrect route ☐ Wrong vaccine given ☐ Dose exceeded that recommended for age ☐ Other, specify: \_\_\_\_\_

6) PREVIOUS AEFI

Did an AEFI follow a previous dose of any of the above immunizing agents (Table 4a)? (Choose one of the following)

☐ No ☐ Yes (Provide details in section 6) ☐ Unknown ☐ Not applicable (no prior doses)

7) IMPACT OF AEFI, OUTCOME, AND LEVEL OF CARE OBTAINED

7a) Highest impact of AEFI: (Choose one of the following)

☐ Did not interfere with daily activities ☐ Interfered with but did not prevent daily activities ☐ Prevented daily activities

7b) Outcome at time of report

☐ Death ☐ Date: \_\_\_\_\_ (yr: \_\_\_\_\_ mo: \_\_\_\_\_ day: \_\_\_\_\_) ☐ Permanent disability/sequela ☐ Fully recovered ☐ Unknown ☐ Not yet recovered

7c) Highest level of care

☐ Unknown ☐ Required hospitalization (\_\_\_\_ days) OR ☐ Resulted in prolongation of existing hospitalization (by \_\_\_\_ days)

Date of hospital admission: \_\_\_\_\_ (yr: \_\_\_\_\_ mo: \_\_\_\_\_ day: \_\_\_\_\_) Date of hospital discharge: \_\_\_\_\_ (yr: \_\_\_\_\_ mo: \_\_\_\_\_ day: \_\_\_\_\_)

7d) Treatment received: ☐ No ☐ Unknown ☐ Yes (Provide details of all treatments including self-treatment in section 6)

8) REPORTER INFORMATION

Setting: ☐ Physician office ☐ Public health ☐ Hospital ☐ Other, specify: \_\_\_\_\_

Name: \_\_\_\_\_ (city) \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

NOTE: Discuss with patient or his/her parent/guardian before reporting and confidentiality of information.

### REPORT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

UNIQUE EPISODE NUMBER: \_\_\_\_\_ REGION NUMBER: \_\_\_\_\_ IMPACT LINE: \_\_\_\_\_

2) AEFI DETAILS: Complete all sections as appropriate for each. Check all symptoms/signs that apply hereto; with asterisks (\*) should be diagnosed by a physician. If not, provide sufficient information to support the selected hereto. Use SECTION 10 for additional information including, clinical details and test results.

☐ No Local reaction at or near vaccination site

Interpret: \_\_\_\_\_ Min \_\_\_\_\_ Hrs \_\_\_\_\_ Days from immunization to onset of 1<sup>st</sup> symptom or sign

Duration: \_\_\_\_\_ Min \_\_\_\_\_ Hrs \_\_\_\_\_ Days from onset of 1<sup>st</sup> symptom/sign to resolution of all symptoms/signs

Local Reaction

Swelling ☐ Pain ☐ Tenderness ☐ Erythema ☐ Wheals ☐ Induration ☐ Rash ☐ Largest diameter of vaccination site reaction: \_\_\_\_\_ cm

Site(s) of reaction: \_\_\_\_\_ (e.g. LA, RA) ☐ Pruritic/itchiness ☐ Fluid collection (e.g. abscess, CT, ultrasound) ☐ Lymphadenitis ☐ Other, specify: \_\_\_\_\_

☐ Spontaneous surgical drainage ☐ Abscess ☐ Lymphatic cyst ☐ Regional lymphadenopathy

☐ No Allergic and Allergic-like events

Interpret: \_\_\_\_\_ Min \_\_\_\_\_ Hrs \_\_\_\_\_ Days from immunization to onset of 1<sup>st</sup> symptom or sign

Duration: \_\_\_\_\_ Min \_\_\_\_\_ Hrs \_\_\_\_\_ Days from onset of 1<sup>st</sup> symptom/sign to resolution of all symptoms/signs

Allergic or Allergic-like Events

Skin/mucosal

Anaphylaxis ☐ Tongue ☐ Throat ☐ Urticaria ☐ Larynx ☐ Lip ☐ Erythema ☐ Red bilateral ☐ Red unilateral ☐ Itchy

Cardio-vascular

Measured hypertension ☐ Decreased pulse volume ☐ Capillary refill time >2 sec ☐ Tachycardia

Respiratory

Swelling ☐ Wheezing ☐ Hoarse voice ☐ Stridor ☐ Dry cough ☐ Tachypnea ☐ Wheezing ☐ Indrawing/retractions ☐ Grunting ☐ Cyanosis ☐ Sore throat

Gastrointestinal

Diarrhea ☐ Abdominal pain ☐ Nausea ☐ Vomiting

☐ No Neurologic events

Interpret: \_\_\_\_\_ Min \_\_\_\_\_ Hrs \_\_\_\_\_ Days from immunization to onset of 1<sup>st</sup> symptom or sign

Duration: \_\_\_\_\_ Min \_\_\_\_\_ Hrs \_\_\_\_\_ Days from onset of 1<sup>st</sup> symptom/sign to resolution of all symptoms/signs

Neurological Events

☐ Meningitis ☐ Encephalopathy/Encephalitis ☐ Guillain-Barré Syndrome (GBS) ☐ Bell's Palsy ☐ Other paralytic ☐ Seizure

Other neurological events: \_\_\_\_\_

Seizure details:

☐ Generalized tonic-clonic ☐ Partial ☐ Myoclonic ☐ Atonic ☐ Absence ☐ Other (specify): \_\_\_\_\_

☐ No Other events

Interpret: \_\_\_\_\_ Min \_\_\_\_\_ Hrs \_\_\_\_\_ Days from immunization to onset of 1<sup>st</sup> symptom or sign

Duration: \_\_\_\_\_ Min \_\_\_\_\_ Hrs \_\_\_\_\_ Days from onset of 1<sup>st</sup> symptom/sign to resolution of all symptoms/signs

Other Events

Hypotension ☐ Lymphadenitis ☐ Other clinical evidence of bleeding

Persistent crying (Continuous and unrelenting crying for >2 hours) ☐ Other clinical evidence of bleeding

Infusocopytic ☐ Infusocopytic ☐ Infusocopytic ☐ Infusocopytic

Arthritis ☐ Joint redness ☐ Joint warm to touch ☐ Joint swelling

Infusocopytic ☐ Infusocopytic ☐ Infusocopytic ☐ Infusocopytic

Pandemic (Pandemic gland swelling with pain and/or tenderness) ☐ Fever >38.0°C (Note: report ONLY if fever occurs in conjunction with a respiratory event; For fever in a neurological event, see Section 6c)

Other events or unexpected events (not listed in the form) (Specify and provide details in Section 10)

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- REPORT if the AE has a temporal association with immunization (i.e. the event follows immunization); and
- If the AE has no other clear cause when reporting
- A causal relationship does not need to be proven, and submitting a report does not imply causality.
- Expected AE found in the vaccine's product monograph DO NOT NEED TO BE REPORTED
- If there is any doubt as to whether or not an event should be reported, a conservative approach should be taken and the event should be reported.

## What AEFI should be reported?

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- Nurse who identifies AEFI notifies the Zone CD Nurse by phone immediately, once the patient is stabilized, fax of the AEFI form (within 24hrs)
- Nurse will inform the patient that the AEFI will be reported to the local public health unit and Health Canada and that they will be contacted with recommendations for future immunization.
- The Zone CD Nurse forwards copies to the Zone Medical Officer, Local PHU and the Regional Communicable Disease Coordinator
- A copy of the AEFI report with recommendation for future immunization is sent by the Zone CD Nurse within two weeks who will contact the nurse
- Nurse will review recommendations with patient

### Procedure for reporting AEFI

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## Needle Stick Injury Procedure



### PART 9

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- Nurses should avoid needle stick injuries by the use of routine practices such as using the correct personal protective equipment and avoiding recapping needles.



*Avoid recapping and  
reduce needle stick injury*

## Needle Stick Injuries

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1. Report the injury to the NIC
2. Allow the wound to bleed freely, then wash with copious amount of soap and water
3. Complete the “Unusual Occurrence form” and forward to the Zone Nursing Office within 24 hours
4. Review the client’s blood serum status (HBsAg, Anti-HBs, Hepatitis C, HIV). If blood status is unknown, obtain consent from the client to obtain the above
5. Test for Anti-HBs, Hepatitis C, HIV as soon as possible
6. Consult physician regarding need for post-exposure prophylaxis (PEP)

## Needle Stick Injury Procedure

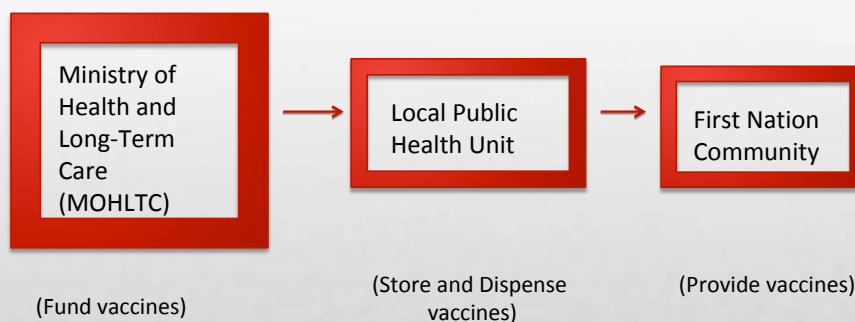
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# Cold Chain Procedure



## PART 10

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## Vaccine Supply in Ontario

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### The Vaccine Cold Chain

**3 Elements to Cold Chain procedure:**

- Personnel
  - Delegated primary staff member
- Equipment
  - Refrigerator, koolatron, coolers, thermometers
- Storage and handling policy/procedures
  - Temperature-controlled supply chain (+2°C - +8°C)
  - Begins with the manufacturer and ends with the administration of the vaccine




The diagram illustrates the Vaccine Cold Chain as a sequence of five interconnected rings. From top to bottom, the rings are labeled: 'Vaccine Manufacturer', 'Vaccine Distribution', 'Vaccine Arrival at Provider Facility', 'Vaccine Storage and Handling at Provider Facility', and 'Vaccine Administration'. To the left of each ring is a label indicating responsibility: 'Manufacturer Responsibility', 'Manufacturer/Distributor Responsibility', 'Provider Responsibility', 'Provider Responsibility', and 'Provider Responsibility' respectively.

### Cold Chain Procedure

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- Vaccines must be stored in a dedicated vaccine refrigerator
- Vaccines must be stored on the middle shelves away from walls or cold air vents.
- No food, beverages or other biological products in the vaccine refrigerator.
- Do not leave vaccines on site if refrigerator will not be monitored for an extended period of time



The images show a digital thermometer displaying 22.9°C and a vaccine refrigerator with its door open, showing shelves stocked with vaccine vials.

### Vaccine Storage and Handling

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**Vaccine fridge layout**

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**Vaccine Temperature Log Book Form**

*Write temperature in columns for 2° to 8°C storage. Please complete your usual public health unit immediately*

| WEEK 1 | WEEK 2 | WEEK 3 | WEEK 4 |
|--------|--------|--------|--------|
| 2°     | 2°     | 2°     | 2°     |
| 3°     | 3°     | 3°     | 3°     |
| 4°     | 4°     | 4°     | 4°     |
| 5°     | 5°     | 5°     | 5°     |
| 6°     | 6°     | 6°     | 6°     |
| 7°     | 7°     | 7°     | 7°     |
| 8°     | 8°     | 8°     | 8°     |

**SAMPLE**


Lets take a closer look

**Daily Vaccine log**

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Month: January 2011 Office/Facility: A&C Pharmacy

| Week 3   | Mon     | 3       | Tue     | 4       |
|----------|---------|---------|---------|---------|
| Time     | 8:30 AM | 5:30 PM | 8:30 AM | 5:30 PM |
| Current  | 5.8     | 7.0     | 5.7     | 6.0     |
| Max Temp | 7.1     | 7.9     | 6.8     | 7.2     |
| Min Temp | 3.4     | 3.2     | 2.8     |         |
| Initials | AA      | Bj      | AA      |         |



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### The following 9 steps must be taken in response to a cold chain break:

1. **Notify** the vaccine manager immediately of any situation when the refrigerator temperature goes outside of the +2C to +8C range.
2. **Complete** the cold chain Failure/Exposure/Wastage Report form.
3. **Record the date and time** of discovery of the problem.
4. **Record the temperature** (current, minimum, maximum) at the time of discovery of the problem.
5. **Record the estimated duration** of exposure.

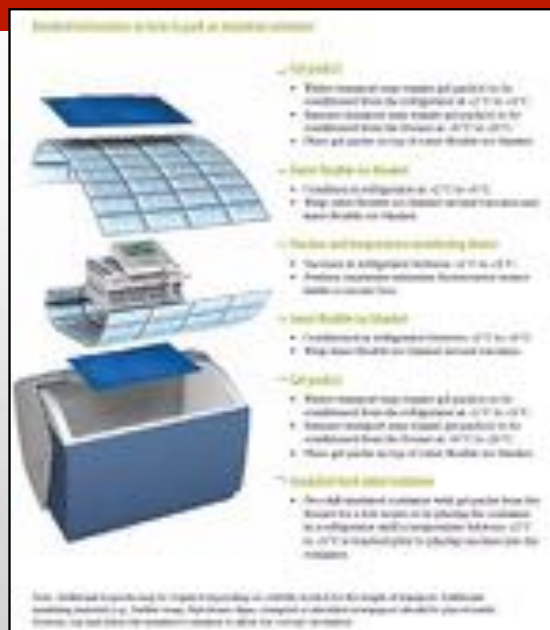
... continued

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6. **Record the date and time** of the last recorded temperature which was in the correct temperature range of +2C to +8C.
7. **Record the current inventory** of the vaccines inside the refrigerator. DO NOT open the door unnecessarily, this will cause further temperature fluctuations inside the refrigerator.
8. **Package the vaccine** and label as “DO NOT USE”, transfer to a functioning refrigerated unit with the temperature monitor.
9. **Determine** whether the problem is related to the status of the equipment or an electrical problem.

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## OFF site storage and handling

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**Contingency Plan Form**

Name of Clinic/Planning Station: \_\_\_\_\_

Plan is Effective to: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

1. When a cold chain incident is identified, notify the Primary and Alternate Vaccine Personnel, as identified below:

| Vaccine Personnel | Title | Contact Numbers          |
|-------------------|-------|--------------------------|
| Primary           |       | Name:<br>Cell:<br>Pager: |
| Alternate         |       | Name:<br>Cell:<br>Pager: |

2. Determine whether the problem is related to equipment malfunction, human error or electrical disruption. If it is determined that the problem cannot be resolved within 8 hours, prepare to activate the Contingency Plan to move the vaccines to an alternate location (if possible).

3. Contact emergency designated staff to assist with the situation as deemed appropriate, as identified below:

| Emergency Designated Staff | Title | Contact Numbers          |
|----------------------------|-------|--------------------------|
| 1.                         |       | Name:<br>Cell:<br>Pager: |
| 2.                         |       | Name:<br>Cell:<br>Pager: |
| 3.                         |       | Name:<br>Cell:<br>Pager: |
| 4.                         |       | Name:<br>Cell:<br>Pager: |
| 5.                         |       | Name:<br>Cell:<br>Pager: |

THIS FORM IS REQUIRED TO HAVE AN UNDATED COPY OF THE CONTINGENCY PLAN. THE NUMBER OF COPIES REQUIRED IS AS FOLLOWS: 1 COPIES FOR THE CLINIC, 1 COPIES FOR THE REGIONAL VACCINE STORAGE, 1 COPIES FOR THE NATIONAL VACCINE STORAGE, 1 COPIES FOR THE CHCA. (See Section 2.1.1 for specific details regarding cooling sources for transport.)

4. Contact the alternate site identified below to secure the stock to move the vaccines to:

| Alternate Vaccine Storage Location | Contact person(s) | Contact numbers |
|------------------------------------|-------------------|-----------------|
| Alternate Storage Facility #1      |                   |                 |
| Alternate Storage Facility #2      |                   |                 |
| Alternate Storage Facility #3      |                   |                 |

5. If planning to transport the vaccines to an alternate site, pack the vaccines in appropriately insulated and insulated vaccine containers (i.e. Kooltherm or hard-sided coolers) for no longer than 8 to 12 hours.

6. Clearly label the vaccine container both inside and outside with the name of the originating Clinic/Planning Station and a list of the packaged vaccines, number of doses and lot numbers. Insert temperature monitoring device in each insulated container.

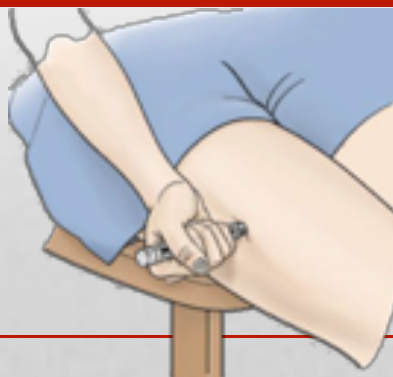
| Materials   | Quantity/Amount (if applicable) | Location |
|---|---------------------------------|----------|
| Insulated container(s)  |                                 |          |
| Box(es) (cardboard bubble wrap etc.)                          |                                 |          |
| Ice Packs/Blocks  |                                 |          |
| Temperature Monitoring Device (Thermometer, Monitoring Strip) |                                 |          |

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## Vaccine Contingency Planning

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## Emergency Measures



### PART 11

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- Anaphylaxis is an acute hypersensitivity reaction with multi-organ system involvement that can rapidly progress to a severe life threatening reaction.
- Anaphylaxis following immunization is rare.
- Anaphylaxis generally begins a few minutes after injection and is usually evident within 30 minutes.

Table 1 Mueller's grading for systemic allergic reactions<sup>12</sup>

|     |  |
|-----|--|
| I   | Generalised urticaria, periorbital oedema, itching, malaise, anxiety   |
| II  | Angioedema or two or more of the following: chest or throat tightness, nausea, vomiting, diarrhoea, abdominal pain, dizziness                          |
| III | Dyspnoea, wheezing, or stridor, or two or more of the following: dysphagia, dysarthria, hoarseness, weakness, confusion, feeling of impending disaster |
| IV  | Hypotension, collapse, loss of consciousness, incontinence, cyanosis   |

## Identification of Anaphylaxis

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Basic Management of Post-Immunization Anaphylaxis in Non-Hospital Setting  
**EARLY RECOGNITION AND TREATMENT IS VITAL**

1. Promptly administer aqueous epinephrine 1:1000 by IM in the mid-anterolateral aspect of the thigh.
  - Record time of dose
  - Repeat Q5-15 min PRN; max. 3 doses (don't use the same site as immunization)
2. Activate the emergency Response System (911) or other service as per community protocol
3. Position client:
  - On back or position of comfort
  - Elevate lower extremities
  - Place on side if vomiting or unconscious
  - Pregnancy- place in semi-recumbent position on left side with legs elevated
4. Monitor airway, skin, HR, BP frequently for change in condition. Establish oral airway if necessary
5. Stabilize:
  - Give adjunctive treatment such as diphenhydramine IM if indicated
  - Perform CPR if necessary
6. Arrange for transportation for local hospital or other facility as per community protocol

## Treatment Protocol

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**Table 1: Dose of Epinephrine (1:1000, 1 mg/mL solution), by weight or age**

The Canadian Immunization Guide (2016) recommends injecting epinephrine intramuscularly in the mid-ventrolateral aspect of the thigh. It further states that the deltoid is not as effective as an absorption site as the mid-ventrolateral thigh and to avoid the limb used for vaccination.

The dosing regimens included in the tables below are based on most recent CG and AC recommendations for weight based dosing, further adapted by and used with permission from Health BC Region.

**Use of Autoinjector:** If 15–30 kg, give Junior dose; if > 30 kg, give Standard dose.  
\*Do not use under 15kg

| Weight (recommended up to 15kg) | Age (if weight not known) | Dose (1:1000) (mg)<br>0.01mg/kg body weight | Dose by Autoinjector             |
|---------------------------------|---------------------------|---|----------------------------------|
| Under 6 kg (13 lbs)             | 0–6 months                | 0.05 mL (maximum per dose)                  | Not applicable                   |
| 6–12 kg (13–26 lbs)             | 7 months–2 yrs            | 0.1 mL                                      | Not applicable                   |
| 13–17 kg (29–37 lbs)            | 3–6 yrs                   | 0.15 mL                                     | Junior Dose of 0.15mg after 15kg |
| 18–22 kg (40–49 lbs)            | 5–6 yrs                   | 0.2 mL                                      | Junior Dose of 0.15mg            |
| 23–27 kg (51–60 lbs)            | 7–8 yrs                   | 0.25 mL                                     | Junior Dose of 0.15mg            |
| 28–32 kg (62–71 lbs)            | 9–10 yrs                  | 0.3 mL                                      | Standard Dose of 0.3mg           |
| 33–37 kg (73–82 lbs)            | 11 yrs                    | 0.35 mL                                     | Standard Dose of 0.3mg           |
| 38–45 kg (84–99 lbs)            | 12 yrs                    | 0.4 mL                                      | Standard Dose of 0.3mg           |
| 46 kg (100 lbs) and up          | 13 yrs of age and up      | 0.5 mL (maximum per dose)                   | Standard Dose of 0.3mg           |

Adapted with permission from Health BC – Vancouver Region based on CG and AC.

## Epinephrine Treatment Protocol

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**Table 2: Dose of Diphenhydramine Hydrochloride, by weight or age**

Diphenhydramine hydrochloride (Benadryl®) can be given as an adjunct to epinephrine if:

- The client's symptoms are not controlled by epinephrine; or
- The client cannot be transferred to an acute care facility within 30 minutes.

\*Note: IM administration of Benadryl® is recommended during anaphylaxis because it provides more rapid absorption.

Oral treatment is suitable for conscious patients that exhibit non-anaphylactic allergic reactions following immunization. Diphenhydramine is available as oral solutions in 2 strengths:

Benadryl Liquid Children (oral solution) 5 mg/5 mL or

Benadryl (oral solution) 12.5 mg/5 mL

Diphenhydramine is generally not recommended for infants under 12 months of age, and should be used with caution between 12–24 months because it may cause drowsiness or paradoxical excitement.


| Weight                | Age                  | IM Dose (Benadryl, 1mg/kg to max. dose of 50 mg) | PO Dose (5 mg/5mL or 12.5mg/5mL)<br>2 mg/kg to a max. dose of 50 mg |
|-----------------------|----------------------|--|---|
| 3–10 kg (7–22 lbs)    | <12 months           | 0.3 mL   | 0.5 mL Benadryl or 1.25 mL Benadryl                                 |
| 11–15 kg (24–34 lbs)  | 1–4 years            | 0.3 mL   | 1 mL Benadryl or 2.5 mL Benadryl                                    |
| 16–20 kg (35–45 lbs)  | 5–7 yrs              | 0.4 mL   | 1.5 mL Benadryl or 3.75 mL Benadryl                                 |
| 21–30 kg (46–67 lbs)  | 8–9 yrs              | 0.6 mL   | 2 mL Benadryl or 5 mL Benadryl                                      |
| 31–40 kg (68–88 lbs)  | 10–12 yrs            | 0.8 mL   | 3 mL Benadryl or 7.5 mL Benadryl                                    |
| 41 kg (90 lbs) and up | 13 yrs of age and up | 1 mL   | 4 mL Benadryl or 10 mL Benadryl                                     |

Adapted with permission from Health BC – Vancouver Region based on CG and AC.

## Diphenhydramine Treatment Protocol

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## Module 7 - Paediatric and Adult Immunizations


**Health Canada**

FNIHB-OR Anaphylaxis Kit Checklist

Stock only the amounts listed in the kits due to space considerations  
Only complete the reorder date for missing, expired, or soon to expire items

| Health Facility Name:   | Month:  |   | Year:   |   |
|---|---|---|---|---|
| Item  | Week 1  | Week 2  | Week 3  | Week 4  |
| Anaphylaxis Pocket Card with Dosage Guide   | Present? Y__N__<br>Date: _____                          | Present? Y__N__<br>Date: _____                          | Present? Y__N__<br>Date: _____                          | Present? Y__N__<br>Date: _____                          |
| Epinephrine 1:1000<br>(1 ml x 3 vials)<br>Or<br>Epinephrine Autoinjectors<br>(Junior x 3 + Adult x 3) | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ |
| Diphenhydramine 50 mg/ml<br>(1 ml x 1 vial)   | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ |
| 1 cc syringe with removable attached<br>needle: 25 gauge 1 inch<br>(x 3)                              | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ |
| 1 cc syringe with removable attached<br>needle: 25 gauge 5/8 inch<br>(x 3)                            | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ |
| 25 gauge 5/8 inch needle<br>(x 3)   | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ |
| 25 gauge 1 inch needle<br>(x 3)   | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ |
| 25 gauge 1.5 inch needle-<br>extra for large adult<br>(x 3)   | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ | Present? Y__N__<br>Expiry: _____<br>Reorder Date: _____ |
| CHN Signature:  |   |   |   |   |

Basic Management of Post-Immunization Anaphylaxis in Non-Hospital Setting  
 EARLY RECOGNITION AND TREATMENT IS VITAL

- Ensure all supplies are stocked in Anaphylaxis Kits, as per recommendations (checklist on LMS)
- Maintain Anaphylaxis Kits, ensuring supplies are sufficient and expiry dates are not surpassed, check weekly.
- Ensure that reference material is current and up to date

### Role of Community Health Nurse

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- Be familiar with the immunizations
- Observe storage & handling procedures to minimize risks & optimize effectiveness
- Use every opportunity to update a person's immunization status
- It is safe & effective to give multiple injections
- Do not defer vaccination unless there is a true contraindication
- Never mix vaccines in the same syringe
- Always give full doses
- Do not re-initiate a primary vaccine schedule
- Always observe a 15 minute waiting period following immunization

**Lets wrap it up...**

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## The Immunization Support Line

1-866-297-3577

Monday – Friday

8:00am-4:00pm Eastern Time



**Immunization Support Line**

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