

## Publicly Funded Immunization Schedule Enhancements

**Attention:** All Physicians, Walk-In Clinics, Infection Control Practitioners, Family Health Teams, Nurse Practitioners

**Date:** December 12, 2014

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This HealthFax is a follow-up to recent communication you should have received from the Ministry of Health and Long-Term Care outlining the following enhancements, effective immediately, to the Publicly Funded Immunization Schedule in Ontario.

### **Adult Pertussis Immunization:**

All adults are now eligible for one lifetime dose of Tdap vaccine. Previously, those 18-64 years were to receive one dose if they did not receive in adolescence. Adults can now receive one dose of this vaccine in adulthood, regardless of age and regardless of whether they received pertussis-containing vaccine as an adolescent. Continue to order this vaccine as you would in your regular vaccine orders.

### **High Risk Meningococcal Immunization:**

Men-C-ACWY (Menactra®): Two additional groups have been added to the High Risk Eligibility Criteria for this vaccine:

- Individuals with HIV
- Individuals with acquired complement deficiencies

The program has also been expanded so that those who meet the high risk eligibility criteria for this vaccine receive an age appropriate primary series (depending on age) and booster doses.

\*\*\*Please note that Men-C-ACWY (Menactra®) vaccine is only indicated for those 9 months to 55 years of age. Adults ≥55 years who meet the high risk eligibility criteria for Meningococcal vaccine will receive Men-P-ACWY (Menomune®) vaccine publicly funded. HCPs should refer to the Canadian Immunization Guide (CIG) for more information on these two vaccines and their use in those ≥55 years.

### **Meningococcal B Vaccine:**

Men-B vaccine is now available publicly funded for those 2 months through 17 years of age who meet the following high risk eligibility criteria:

- Individuals with functional or anatomic asplenia
- Individuals with complement, properdin, factor D or primary antibody deficiencies
- Cochlear implant recipients (pre/post implant)
- Individuals with acquired complement deficiencies (e.g., receiving eculizumab)
- Individuals with HIV

To order vaccine for patients who meet the high risk eligibility criteria for either of the above Meningococcal Vaccine Programs, please use the revised special order form on page 5/6.

**High Risk Pneumococcal Conjugate (Pneumovax 13®) Adult Immunization**

Adults 50 years of age and older **who meet the following eligibility criteria** are now eligible to receive one dose of Pneumovax-C-13 (Pneumovax 13®) vaccine in addition to the Pneumovax-P-23 vaccine:

- Individuals who have undergone hematopoietic stem cell transplants (HSCT) (3 doses) – refer to table on page 4 for schedule
- Individuals with HIV (1 dose)
- Individuals with other immunocompromising conditions including (1 dose):
  - Asplenia (anatomical or functional)
  - Sickle cell disease or other hemoglobinopathies
  - Congenital immunodeficiencies involving any part of the immune system, including B lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions
  - Immunosuppressive therapy including use of long term corticosteroids, chemotherapy, radiation therapy, post-organ-transplant therapy, biologic and non-biologic immunosuppressive therapies for rheumatologic and other inflammatory diseases
  - Malignant neoplasms including leukemia and lymphoma
  - Solid organ or islet cell transplant (candidate or recipient)

Note: Pneumovax-C-13 vaccine should be given first when both vaccines are being given. Pneumovax-P-23 should be given at least 8 weeks after the last dose of Pneumovax-C-13 (except for HSCT recipients. Refer to the table on page 4). If Pneumovax-P-23 has already been given, 1 dose of Pneumovax-C-13 should be given at least 1 year after the last dose of Pneumovax-P-23.

There is a revised Vaccine Order Form on page 7 of this Healthfax. Please replace any copies you may have with this new version. To order Pneumovax-C-13 vaccine for adult patients who meet the eligibility criteria above, please indicate number of doses under the adult section on this new form:

Pneumovax®13	Pneumococcal 13-valent Conjugate for Childhood Immunization		10	
Pneumovax®13	Pneumococcal 13-valent Conjugate for Adult who meet HR criteria		10	

**Important:** People may be included in groups that are “recommended” to receive vaccines according to the Canadian Immunization Guide or the vaccines Product Monograph; however the person may not be eligible to receive the vaccine “publicly funded” (free) according to the Publicly Funded Immunization Schedules for Ontario. In these situations, patients would have to purchase the vaccine through a pharmacy with a prescription. Many health benefit plans do cover the costs of vaccines that are not currently publicly funded.

The current version of the Publicly Funded Immunization Schedules for Ontario (August 2011) is being updated and will be available electronically in early 2015, with hard copies to follow. In the meantime, the addendum on page 3 & 4 of this HealthFax are to be used in conjunction with the August 2011 version. This addendum also includes information on the replacement of DtaP-IPV with Tdap-IPV vaccine for the 4-6 year old booster. This change was implemented in May 2012, so while it is not a new change, it is included to help clarify the current schedule in the interim.

For more information, support materials and forms refer to the following websites:

- SMDHU Primary Care Portal - [www.smdhu.org/pcportal](http://www.smdhu.org/pcportal)
- MOHLTC Immunization Program - <http://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx>
- Canadian Immunization Guide - <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>
- Or call our HCP Immunization Line at 705-721-7520 ext. 8806 to speak with a nurse.

## Updates to the Publicly Funded Immunization Schedules for Ontario

This addendum incorporates the immunization program enhancements that have been announced by the Ministry of Health and Long-Term Care starting December 2014. This addendum can be attached to the existing Publicly Funded Immunization Schedules for Ontario (dated August 2011) until the Schedules are revised to reflect these program updates. The following tables outline the vaccine program enhancements and schedule updates:

Multicomponent Meningococcal B [4CMenB] (Bexsero <sup>®</sup> ) program for high risk children aged 2 months to 17 years			
<b>Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>Individuals with functional or anatomic asplenia</li> <li>Individuals with complement, properdin, factor D or primary antibody deficiencies</li> <li>Cochlear implant recipients (pre/post implant)</li> <li>Individuals with acquired complement deficiencies (e.g., receiving eculizumab)</li> <li>Individuals with HIV</li> </ul>		
<b>Vaccine Intervals</b>	<b>Age at first dose</b>	<b>Recommended Intervals</b>	<b>Minimum Intervals</b>
	2-5 months	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose 4 <sup>th</sup> dose, 2 months after 3 <sup>rd</sup> & at age ≥12 months	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 4 weeks after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 4 weeks after 2 <sup>nd</sup> dose 4 <sup>th</sup> dose, 8 weeks after 3 <sup>rd</sup> dose & at age ≥12 months
	6-11 months	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose & at age ≥12 months	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 8 weeks after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 8 weeks after 2 <sup>nd</sup> dose & at age ≥12 months
	12 months to 10 years	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 8 weeks after 1 <sup>st</sup> dose
	11 to 17 years	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 1 month after 1 <sup>st</sup> dose	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 4 weeks after 1 <sup>st</sup> dose

Meningococcal Conjugate ACYW-135 [Men-C-ACYW] (Menactra <sup>®</sup> ) program for high risk individuals 9 months to 55 years of age			
<b>Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>Individuals with functional or anatomic asplenia</li> <li>Individuals with complement, properdin, factor D or primary antibody deficiencies</li> <li>Cochlear implant recipients (pre/post implant)</li> <li>Individuals with acquired complement deficiencies (e.g., receiving eculizumab)</li> <li>Individuals with HIV</li> </ul>		
<b>Vaccine Intervals</b>	<b>Age at first dose</b>	<b>Recommended Intervals</b>	<b>Minimum Intervals</b>
	9 to 11 months	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose Booster doses every 3 to 5 years	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 4 weeks after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 4 weeks after 2 <sup>nd</sup> dose 4 <sup>th</sup> dose, 4 weeks after 3 <sup>rd</sup> dose and at age ≥12 months <i>(Note: 4<sup>th</sup> dose is not required if 3<sup>rd</sup> dose is given at age ≥ 12 months and ≥ 4 weeks after 3<sup>rd</sup> dose)</i> Booster doses every 3 to 5 years
	12 months to 6 years	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose Booster doses every 3 to 5 years	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 4 weeks after 1 <sup>st</sup> dose Booster doses every 3 to 5 years
	7 to 55 years	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose Booster doses every 5 years	1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 4 weeks after 1 <sup>st</sup> dose Booster doses every 5 years
<b>Notes</b>	<ul style="list-style-type: none"> <li>At least 4 weeks is required between doses of Men-C-ACYW and Men-C-C</li> <li>At least 5 years is required between doses of Men-C-ACYW and Men-P-ACYW for adults ≥55 years of age who have already received Men-C-ACYW</li> </ul>		

**Pneumococcal Conjugate 13 [Pneu-C-13] (Prevnar<sup>®</sup> 13) program for high risk individuals ≥50 years of age**

<b>Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>Individuals who have undergone Hematopoietic stem cell transplants (HSCT) (3 doses) – See below for schedule and dosing intervals</li> <li>Individuals with HIV (1 dose)</li> <li>Individuals with other immunocompromising conditions including (1 dose):                             <ul style="list-style-type: none"> <li>Asplenia (anatomical or functional)</li> <li>Sickle cell disease or other hemoglobinopathies</li> <li>Congenital immunodeficiencies involving any part of the immune system, including B lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions</li> <li>Immunosuppressive therapy including use of long term corticosteroids, chemotherapy, radiation therapy, post-organ-transplant therapy, biologic and non-biologic immunosuppressive therapies for rheumatologic and other inflammatory diseases</li> <li>Malignant neoplasms including leukemia and lymphoma</li> <li>Solid organ or islet cell transplant (candidate or recipient)</li> </ul> </li> </ul>	
<b>Vaccine Intervals for HSCT recipients</b>	<p align="center"><b>Recommended Intervals</b></p> 1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 1 month after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 1 month after 2 <sup>nd</sup> dose	<p align="center"><b>Minimum Intervals</b></p> 1 <sup>st</sup> dose 2 <sup>nd</sup> dose, 4 weeks after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 4 weeks after 2 <sup>nd</sup> dose
<b>Notes</b>	<ul style="list-style-type: none"> <li>1 dose of Pneu-P-23 should be given at least 8 weeks after the last dose of Pneu-C-13 (except for HSCT recipients who should start series 3 to 9 months after transplant; 1 dose of Pneu-P-23 should be given 12 to 18 months post-transplant [6 to 12 months after last dose of Pneu-C-13])</li> <li>Alternatively if Pneu-P-23 has already been received, 1 dose of Pneu-C-13 should be given at least 1 year after the last dose of Pneu-P-23</li> </ul>	

**Pertussis (Tdap) program for adults ≥18 years of age**

<b>Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>A publicly funded dose of Tdap is provided for all adults 18 years of age and older (including those aged 65 and older)</li> <li>Additionally, adults are eligible regardless of whether Tdap was received in adolescence</li> </ul>
<b>Vaccine Intervals</b>	<ul style="list-style-type: none"> <li>Adults who have not previously received Tdap vaccine at ≥18 years of age are eligible to receive 1 Tdap booster dose in lieu of their Td booster</li> <li>However if the Tdap booster dose is required earlier, they are eligible to receive 1 dose of Tdap vaccine regardless of the interval since the last dose of tetanus or diphtheria containing vaccine</li> </ul>

**Replacement of DTaP-IPV with Tdap-IPV**

<b>Eligibility Criteria</b>	<ul style="list-style-type: none"> <li>In May 2012, Tdap-IPV vaccine replaced DTaP-IPV vaccine for the 4-6 year booster dose that follows the primary childhood series for immunization against diphtheria, tetanus, pertussis and polio</li> <li>Where DTaP-IPV are indicated in Schedules 1 and 2, replace with Tdap-IPV</li> </ul>
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Eligibility for the high risk meningococcal vaccines includes individuals who have one or more of the following medical conditions:

1. Functional or anatomic asplenia
2. Complement, properdin, factor D deficiency, or primary antibody deficiencies
3. Cochlear implant recipients (pre/post implant)
4. Acquired complement deficiency
5. HIV

### Menactra® (Men-C-ACYW)

A. Persons between 9 months to 55 years of age and who have one or more of the medical conditions listed above are eligible to receive age appropriate primary series with Men-C-ACYW-135 (Menactra®) vaccine and booster doses. See Table 1 for more details.

**Table 1: Men-C-ACYW (Menactra®)**

Age	Recommended Intervals
9 to 11 months	<ul style="list-style-type: none"> <li>• 1st dose</li> <li>• 2nd dose - 2 months after 1st dose</li> <li>• 3rd dose - 2 months after 2nd dose</li> <li>• Booster doses every 3 to 5 years</li> </ul>
12 months to 6 years	<ul style="list-style-type: none"> <li>• 1st dose</li> <li>• 2nd dose - 2 months after 1st dose</li> <li>• Booster doses every 3 to 5 years</li> </ul>
7 to 55 years	<ul style="list-style-type: none"> <li>• 1st dose</li> <li>• 2nd dose - 2 months after 1st dose</li> <li>• Booster doses every 5 years</li> </ul>

### Menomune® (Men-P-ACYW)

B. Persons older than 55 years and who have one or more of the medical conditions listed above are eligible to receive one dose of Men-P-ACYW (Menomune®) vaccine. Menomune® should not be used for booster doses.

### Bexsero® (4CMenB)

C. Persons 2 months through 17 years of age with one or more of the medical conditions listed above are eligible to receive the meningococcal B vaccine or Bexsero®. See Table 2 for more details.

**Table 2: 4CMenB (Bexsero®)**

Age at first dose	Doses	Recommended Intervals
2 to 5 months	3+1	<ul style="list-style-type: none"> <li>• 1st dose</li> <li>• 2nd dose - 2 months after 1st dose</li> <li>• 3rd dose - 2 months after 2nd dose</li> <li>• 4th dose booster - 2 months after 3rd dose and at age ≥ 12 months</li> </ul>
6 to 11 months	3	<ul style="list-style-type: none"> <li>• 1st dose</li> <li>• 2nd dose - 2 months after 1st dose</li> <li>• 3rd dose - 2 months after 2nd dose and at age ≥ 12 months</li> </ul>
12 months to 10 years	2	<ul style="list-style-type: none"> <li>• 1st dose</li> <li>• 2nd dose - 2 months after 1st dose</li> </ul>
11 to 17 years	2	<ul style="list-style-type: none"> <li>• 1st dose</li> <li>• 2nd dose - 1 month after 1st dose</li> </ul>

### Notes

- The vaccines are available to close contacts of a case of IMD and during outbreaks caused by N. meningitis serogroups A, C, Y, W and B.
- For more details, please see the Publicly Funded Immunization Schedule for Ontario for recommended schedule and number of doses by age.

- For Toronto physicians/facilities, please complete this form and fax it to 416 327-7439 or scan and send it to [Vaccine.Program@ontario.ca](mailto:Vaccine.Program@ontario.ca)
- For physicians/RNEC/facilities outside Toronto, please complete and fax this form to your local public health unit

**Vaccine Request**

Age	Eligible Medical Condition*	Vaccine Requested	Menactra Booster	Other Comments
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*If there are more than 2 conditions per person please indicate the primary condition only.

**Please order only 1 dose at a time**

**Requisition Information**

Please complete this section accurately. All information is mandatory - any missing information will delay your request for vaccine.

Date of requisition (yyyy/mm/dd)		Ordered by (First name, Last name)	
Client Number	Name (PHU/Physician/Facility)		Telephone Number
<b>Shipping Address</b>			
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

**Total Number of Doses Ordered**

Men-C-ACYW135 (Menactra®) 6571-3360-0	Men-P-ACYW135 (Menomune®) 6571-3327-2	4CMenB (Bexsero®) 6571-3314-0
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By checking this box, I agree this information is correct and in accordance with the eligibility criteria

[Clear Form](#)
[Print Form](#)



Facility Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Facility Fax #: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ # of Fridges: \_\_\_\_\_ Type:  Bar  Domestic  Purpose Built  Other

- Place orders by **Wednesday** for pick up the following **Tuesday**
- Orders must include the **previous 4 week** temperature log
- Coolers must be between 2 - 8 °C for vaccine to be released
- Vaccine order inquiries ext. 8808

Vaccine Name	Product / Description	Current Vaccine Inventory # of doses	Doses per Package	Requested Vaccine # of doses
Act HIB®	Haemophilus influenzae type b (Hib)		1	
ADACEL® / BOOSTRIX®	Diphtheria, Tetanus, Pertussis (Tdap) *14-16 yr. booster and one dose/adult lifetime		5	
ADACEL®-POLIO / BOOSTRIX®-POLIO	Tetanus, Diphtheria, Pertussis and Polio (Tdap-IPV)		5	
IMOVAX® Polio	Inactivated Polio (IPV)		1	
Menjugate®	Meningococcal C Conjugate		5	
M-M-R® II / PRIORIX® & Diluent	Measles, Mumps, Rubella (MMR)		10	
Pediacel®	Diphtheria, Pertussis, Tetanus, Polio and Act-HIB		5	
Pneumo 23® / Pneumovax®23	Pneumococcal Polysaccharide 23-Valent vaccine		1	
Prevnar®13	Pneumococcal 13-valent Conjugate for Childhood Immunization		10	
Prevnar®13	Pneumococcal 13-valent Conjugate for Adult <b>who meet HR criteria</b>		10	
Priorix-Tetra® & Diluent	Measles, Mumps, Rubella, Varicella (MMRV) *Only for 4-11 yrs. who received one MMR and one varicella or no prior doses of MMR and varicella		1	
Quadracel®	DTaP-IPV *Only for 5 & 6 yrs. completing a primary series		1	
Recombivax HB®	Hepatitis B – for dialysis patients		1	
Rotarix®	Rotavirus oral vaccine		1	
TUBERSOL®	Tb Mantoux Test (Tb)		10	
Td ADSORBED	Tetanus, Diphtheria (Td)		5	
VARILRIX® / VARIVAX® III & Diluent	Varicella (Chicken Pox)		1	

<b>Please indicate quantity</b>	Immunization Cards:	Vaccine Refrigerator	Vaccine Storage & Handling Guideline: _____
	Adult _____ Child _____	Maintenance Log Book: _____	

**A separate order form available through the Health Unit is required for the following vaccines:**

- Eligible Hepatitis A and B Vaccine Order Form
- Influenza Vaccine Order Form

**Location to be picked up (please check):**

Barrie  Collingwood  Cookstown  Gravenhurst  Huntsville  Midland  Orillia

BIOS Order # (for office use only): \_\_\_\_\_

2014-12

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