


Policy: Publicly Funded Vaccine/Immunoglobulin Eligibility Policy

Originating Branch: Office of the Chief Medical Officer of Health

Original Approval Date: July 6, 2015 **Effective Date:** July 6, 2015

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Approved By: 

Dr. Robert Strang, Chief Medical Officer of Health, Health and Wellness

1. POLICY STATEMENT

- 1.1. Providing immunization to residents of Nova Scotia is a responsibility shared between the Department of Health and Wellness (DHW), the Nova Scotia Health Authority (NSHA), the Izaak Walton Killam Health Centre (IWK), primary care providers and health care organizations.
- 1.2. DHW provides policies, standards and guidelines for each of the vaccine programs and procures the vaccines/immunoglobulins to be included in the publicly funded program.
- 1.3. NSHA, the IWK, primary care providers and health care organizations implement the programs to Nova Scotians in adherence with those policies, standards and guidelines.

2. DEFINITIONS

- 2.1. N/A

3. POLICY OBJECTIVES

- 3.1. To protect residents of Nova Scotia and others as identified in the policy from vaccine preventable diseases.
- 3.2. To provide guidance for public health providers and other immunization providers to identify which vaccines/immunoglobulins are publicly funded in Nova Scotia and who is eligible to receive them.

4. APPLICATION

- 4.1. This policy applies to all public health and other immunization providers who provide publicly funded vaccine.

5. POLICY DIRECTIVES

Eligibility

5.1. Residents of Nova Scotia

- 5.1.1. All residents of Nova Scotia with a valid Nova Scotia health card are eligible to receive publicly funded vaccines/immunoglobulins as described in Appendix A.
- 5.1.2. Individuals who have become residents of Nova Scotia and started an immunization series out of province:
 - Will finish the series as appropriate based on the Nova Scotia schedule.
 - Will follow the same eligibility as residents of Nova Scotia, regardless of eligibility out of province.
- 5.1.3. Individuals who have started a series of immunizations as part of post exposure prophylaxis out of province will be able to have the series completed in Nova Scotia.

5.2. Visitors and/or Temporary Residents

- 5.2.1. Vaccines/immunoglobulins, with the exception of the influenza vaccine, are not routinely provided through the publicly funded immunization program to visitors or temporary residents of Nova Scotia.
- 5.2.2. The eligibility criteria for these individuals may change based on their circumstances.
- 5.2.3. A risk assessment approach in consultation with the Medical Officer of Health is to be used when making a decision regarding immunization of non-residents with publicly funded vaccines.
- 5.2.4. Individuals who have started a series of immunizations as part of post exposure prophylaxis out of province will be able to have the series completed in Nova Scotia.

5.3. School Based Program

- 5.3.1. Youth who have moved to Nova Scotia are eligible for each of the vaccines included in the school based program:
 - 1) if they would have been in grade 7 (regardless of where they lived) at the time each of the vaccines were added to the school based program. (For example, HPV for males in grade 7 was implemented in 2015); and
 - 2) if they are up to and including 18 years of age.
- 5.3.2. Youth who have missed or refused immunizations included in the school based program are eligible for each of the vaccines:
 - 1) if they would have been in grade 7 at the time the missed or refused vaccine was added to the school based program (For example, HPV for males in grade 7 was implemented in 2015); and
 - 2) if they are up to and including 18 years of age.

6. POLICY GUIDELINES

- 6.1. Publicly funded vaccines may be provided through the publicly funded program to residents/non-residents of Nova Scotia as part of outbreak/pandemic management, contact management or prevention of communicable diseases in high risk populations more susceptible regardless of residency status: immigrants, refugees and other individuals establishing residency in Nova Scotia.

- 6.2. Products included in Appendix A may vary based on national contracts and availability.

7. ACCOUNTABILITY

- 7.1. DHW is responsible to ensure the policy is current, evidence informed and reviewed every two years.
- 7.2. The NSHA and the IWK are accountable to ensure this policy is communicated to public health staff and other immunization providers within NSHA and the IWK respectively.
- 7.3. Public Health staff and other immunization providers who provide publicly funded immunizations are responsible for adhering to this policy.

8. MONITORING / OUTCOME MEASUREMENT

- 8.1. DHW is responsible for defining and monitoring strategic outcomes associated with this policy.
- 8.2. The NSHA and the IWK are responsible for monitoring the implementation of this policy.

9. REPORTS

- 9.1. N/A

10. REFERENCES

- 10.1. Government of New Brunswick (2013). *Policy 2.2: Eligibility Criteria for Publicly Funded Vaccine and Biologics*.
- 10.2. Public Health Agency of Canada. *Canadian Immunization Guide*. Retrieved from <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- 10.3. Public Health Agency of Canada. *National Advisory Committee On Immunization Recommendations, Statements and Updates*. Retrieved from <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>

11. APPENDICES

- 11.1. Appendix A: Nova Scotia Publicly Funded Vaccine/Immunoglobulin Eligibility

12. INQUIRIES

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Appendix A: Nova Scotia Publicly Funded Vaccine/Immunoglobulin Eligibility

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
DTaP-IPV-Hib	Diphtheria, tetanus toxoid, acellular pertussis, inactivated polio, haemophilus influenzae type b	Pediacel	<ul style="list-style-type: none"> • Routine immunization of children 2 months to 6 years of age • *Re-immunization of individuals 7 years of age and older post Hematopoietic Stem Cell Transplant (HSCT)
Tdap IPV	Tetanus toxoid, diphtheria, acellular pertussis, inactivated polio	Adacel Polio Boostrix Polio	<ul style="list-style-type: none"> • Routine immunization booster for children 4 to 6 years of age • Immunization of individuals 7 to 17 years of age who are unimmunized or have incomplete immunization • Immunization of adults who are unimmunized
Tdap	Tetanus toxoid, diphtheria, acellular pertussis	Adacel Boostrix	<ul style="list-style-type: none"> • Grade 7 students (school based immunization program) • Youth who have missed or refused Tdap vaccine as part of the school based program, up to and including 18 years of age • Pregnant women, in every pregnancy, irrespective of previous Tdap history • Immunization of individuals 18 years of age and older who are unimmunized or have incomplete immunization • Adults who require a tetanus or pertussis vaccine and have not received a pertussis containing vaccine in adulthood should receive a single dose of Tdap
Td	Tetanus toxoid, diphtheria	Td adsorbed	<ul style="list-style-type: none"> • Adult booster every 10 years following one dose of Tdap as an adult • Post-exposure/wound management

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Hib	Haemophilus influenzae type b	Act-Hib	<ul style="list-style-type: none"> • *Pre-exposure prophylaxis for individuals 5 years of age and older with the following high risk conditions: <ul style="list-style-type: none"> ◦ Cancer: Malignant hematologic disorders only e.g. Leukemia or Lymphoma ◦ Cochlear implant ◦ Congenital immunodeficiency ◦ Hematopoietic stem cell transplant (HSCT) if not receiving DTaP-IPV-Hib ◦ Lung transplants only ◦ Splenic disorders including sickle cell disease or other hemoglobinopathies
HA	Hepatitis A	Havrix Vaqta	<ul style="list-style-type: none"> • Post-exposure prophylaxis • Outbreak control • *Pre-exposure prophylaxis for those at increased risk of infection or severe Hepatitis A: <ul style="list-style-type: none"> ◦ Chronic liver disease ◦ Men who have sex with men ◦ High risk sexual practices ◦ HIV ◦ Illicit drug use or alcoholism ◦ Individuals receiving repeated replacement of plasma derived clotting factors ◦ Children 6 months to 2 years of age who are living in a household with an individual who is at increased risk of infection or severe Hepatitis A

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HB	Hepatitis B	Engerix Recombivax	<ul style="list-style-type: none"> • Grade 7 students (school based immunization program) • Youth who have missed or refused HB vaccine as part of the school based program, up to and including 18 years of age • Post-exposure prophylaxis • Outbreak control • *Pre-exposure prophylaxis for those at increased risk of Hepatitis B infection or severe Hepatitis B: <ul style="list-style-type: none"> ◦ Chronic liver disease ◦ Men who have sex with men ◦ Chronic renal disease ◦ Congenital immunodeficiency ◦ Hematopoietic stem cell transplant (HSCT) ◦ Hemophilia and other bleeding disorders ◦ High risk sexual practices ◦ HIV ◦ Illicit drug use or alcoholism ◦ Solid organ transplant ◦ Splenic disorders including sickle cell disease or other hemoglobinopathies
HAHB	Hepatitis A and B	Twinrix	<ul style="list-style-type: none"> • *Pre-exposure prophylaxis for those at increased risk of Hepatitis A and Hepatitis B infection or severe Hepatitis A and Hepatitis B: <ul style="list-style-type: none"> ◦ Chronic liver disease ◦ Men who have sex with men ◦ High risk sexual practices ◦ HIV ◦ Illicit drug use or alcoholism

6 *Refer to the [publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy](#) for eligibility criteria.

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HPV	Human papillomavirus	Gardasil	<ul style="list-style-type: none"> • Grade 7 students (school based immunization program) • Females: Youth who have missed or refused HPV vaccine as part of the school based program up to and including 18 years of age • Males: Youth who have missed or refused HPV vaccine as part of the school based program (beginning September 2015) up to and including 18 years of age • Men who have sex with men – for those up to and including 45 years of age • *Pre-exposure prophylaxis for the following high-risk condition: <ul style="list-style-type: none"> ◦ HIV – for those up to and including 45 years of age
Inf	Influenza - inactivated	Fluzone FluLaval Tetra	<ul style="list-style-type: none"> • Quadrivalent standard dose products: Residents and non-residents of NS, 6 months of age and older
		Fluzone High-Dose	<ul style="list-style-type: none"> • Trivalent high-dose product: Long-term Care Facility (Nursing Homes and Residential Care Facilities) residents of NS 65 years of age and older.
IPV	Inactivated polio	Imovax Polio	<ul style="list-style-type: none"> • Immunization of adults who are unimmunized or have incomplete immunization with polio vaccine or combination vaccines such as Tdap-IPV.
Men-B	Meningococcal B	Bexsero	<ul style="list-style-type: none"> • Post-exposure prophylaxis for Serotype B • Outbreak control • *Pre-exposure prophylaxis for the following high risk conditions: <ul style="list-style-type: none"> ◦ Congenital immunodeficiency ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy using eculizumab (Solaris) ◦ Solid organ transplant ◦ Splenic disorders including sickle cell disease or other hemoglobinopathies
Men-C-C	Meningococcal - Conjugate	NeisVac-C Menjugate	<ul style="list-style-type: none"> • Routine immunization of children < 5 years of age • Post-exposure prophylaxis for Serotype C • Outbreak control

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Men-C-ACYW-135	Meningococcal - Conjugate	Menveo Menactra Nimenrix	<ul style="list-style-type: none"> • Grade 7 students (school based immunization program) • Youth who have missed or refused meningococcal vaccine as part of the school based program up to and including 18 years of age • Post-exposure prophylaxis for Serotypes A, C, Y, W-135 • Outbreak control • *Pre-exposure prophylaxis for the following high risk conditions: <ul style="list-style-type: none"> ◦ Congenital immunodeficiency ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy using eculizumab (Solaris) ◦ Solid organ transplant ◦ Splenic disorders including sickle cell disease or other hemoglobinopathies
MMR	Measles, mumps, rubella	MMR 11 Priorix	<ul style="list-style-type: none"> • Routine immunization of children if not receiving MMRV. • Immunization of children 6 to 11 months of age travelling to regions where measles is endemic or there is substantial community-based transmission during an outbreak. (Consult local public health if unsure) https://travel.gc.ca/travelling/health-safety/travel-health-notices • Adults born in 1970 or later who have not had measles disease or mumps disease or received two doses of measles or mumps containing vaccine • Post-partum women who are found to be non-immune to rubella • Post-exposure prophylaxis • Outbreak control • *Pre-exposure prophylaxis for the following high risk conditions once immunocompetent: <ul style="list-style-type: none"> ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy ◦ Solid organ transplant

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MMRV	Measles, mumps, rubella & varicella	Priorix Tetra	Routine immunization of children, up to and including 12 years of age, born 2006 and later and not previously immunized with MMR and Varicella are eligible for 2 doses *Pre-exposure for the following high risk conditions up to and including 12 years of age, once immunocompetent : <ul style="list-style-type: none"> ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy ◦ Solid organ transplant
Var	Varicella	Varilrix Varivax	<ul style="list-style-type: none"> • Routine immunization of children not receiving MMRV Individuals born 1996 -2005 are eligible for one dose (the first dose) of varicella vaccine Individuals born in 2006 and later are eligible for 2 doses of varicella vaccine if not receiving MMRV Post-exposure prophylaxis *Pre-exposure prophylaxis for the following high risk conditions once immunocompetent (if not receiving MMRV): <ul style="list-style-type: none"> ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy ◦ Solid organ transplant *Pre-exposure prophylaxis for the following high risk conditions (if not receiving MMRV) <ul style="list-style-type: none"> ◦ Chronic renal disease ◦ Chronic salicylate therapy ◦ Cystic fibrosis ◦ Splenic disorders Pre-exposure prophylaxis for others (if not receiving MMRV): <ul style="list-style-type: none"> ◦ Non-immune health care workers ◦ Post-partum women who are found to be non-immune to varicella ◦ Non-immune individuals <i>who live with or care</i> for anyone in the following categories: <ul style="list-style-type: none"> ✓ blood dyscrasias ✓ leukemia (except Acute Lymphoblastic Leukemia) ✓ lymphoma ✓ other malignancies affecting the bone marrow or lymphatic system ✓ other defects of cell-mediated immunity receiving treatment associated with T-cell abnormalities (e.g. intensive chemotherapy)

9 *Refer to the [publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy](#) for eligibility criteria.

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Pneu-C-13	Pneumococcal-Conjugate	Prenvar 13	<ul style="list-style-type: none"> • Routine immunization of children • *Pre-exposure prophylaxis for the following high risk conditions: <ul style="list-style-type: none"> ◦ Cancer ◦ Congenital immunodeficiency ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy ◦ Solid organ transplant ◦ Splenic disorders including sickle cell disease or other hemoglobinopathies
Pneu-P-23	Pneumococcal - Polysaccharide	Pneumovax 23	<ul style="list-style-type: none"> • Adults 65 years and older • *Pre-exposure prophylaxis for Individuals 2 years and older with the following high risk conditions: <ul style="list-style-type: none"> ◦ Cancer ◦ Chronic cerebral spinal fluid (CSF) leak ◦ Chronic liver disease ◦ Chronic lung disease (not asthma) ◦ Chronic neurological conditions that may impair clearance of oral secretions ◦ Chronic renal disease ◦ Cochlear implant ◦ Congenital immunodeficiency ◦ Cystic fibrosis ◦ Diabetes ◦ Heart disease ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Homelessness ◦ Illicit drug use or alcoholism ◦ Immunosuppressive therapy ◦ Residing in long term care facilities ◦ Solid organ transplant ◦ Splenic disorders including sickle cell disease or other hemoglobinopathies

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Rab	Rabies	Imovax Rabies Rabavert	<ul style="list-style-type: none"> • Post-exposure prophylaxis
RV	Rotavirus	RotaTeq	<ul style="list-style-type: none"> • Routine immunization of children born on or after November 1, 2019, up to 8 months of age.

Other Biological Products ([Canadian Immunization Guide](#))

Abbreviation	National Agent (Type)	Trade Name E.g.	Eligibility
BAtx	Botulism antitoxin		<ul style="list-style-type: none"> • People with established or suspected botulism (therapeutic) • Asymptomatic people strongly suspected of having eaten food contaminated with botulism toxin (prophylaxis)
DAtx	Diphtheria antitoxin		<ul style="list-style-type: none"> • Clinical suspicion of diphtheria regardless of bacteriological confirmation
Ig	Immunoglobulin	GamaSTAN	<p>Hepatitis A</p> <ul style="list-style-type: none"> • Post exposure prophylaxis for the following: <ul style="list-style-type: none"> ◦ Infants < 6 months of age ◦ Immunocompromised people who may not respond to the vaccine ◦ Immunocompetent individuals \geq 60 years of age ◦ Individuals with chronic liver disease ◦ People for whom Hepatitis A vaccine is contraindicated <p>Measles (<i>Rubeola</i>)</p> <ul style="list-style-type: none"> • Post exposure prophylaxis for the following susceptible contacts of measles: <ul style="list-style-type: none"> ◦ Infants < 6 months of age ◦ Immunologically compromised individuals for whom measles vaccine is contraindicated ◦ Susceptible immunocompetent people who present more than 72 hours but less than 1 week after exposure, i.e., too late for vaccine
HBIG	Hepatitis B immunoglobulin	HepaGamB HyperHEPB	<ul style="list-style-type: none"> • Post exposure prophylaxis for the following high risk situations: <ul style="list-style-type: none"> ◦ Acute percutaneous or mucosal exposure to blood containing Hepatitis B virus ◦ Perinatal exposure of infants born to mothers with acute or chronic Hepatitis B virus ◦ Sexual contacts of individuals with acute or chronic Hepatitis B
RabIg	Rabies immunoglobulin	HyperRAB	<ul style="list-style-type: none"> • Post exposure prophylaxis
TIG	Tetanus immunoglobulin	HyperTET	<ul style="list-style-type: none"> • Post exposure/wound management

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Varlg	Varicella immunoglobulin	VariZIG	<ul style="list-style-type: none"> • Post exposure prophylaxis for the following high-risk conditions: <ul style="list-style-type: none"> ◦ Pregnant women ◦ Immunocompromised patients, such as those with congenital or acquired immunodeficiency ◦ Newborn infants of mothers who have varicella that began during the 5 days before to 48 hours after delivery ◦ For the management of significant varicella exposure in a neonatal or pediatric intensive care setting, consultation with the infectious diseases/infection control specialist regarding the potential use of VariZIG™ is advised

