Saskatchewan Immunization Manual Amendments – Aug. 2026

Instructions: Discard the corresponding pages in each chapter section as noted below and insert the amended pages in the corresponding chapter sections.

Chapter 2 Authorization to Immunize

- Chapter 2 has been completely reviewed and revised. Please have all staff review
- Highlights:
  - Each FNJ is specified.
  - Organizations are responsible for ensuring safe immunization practices including establishing orientation and competency maintenance requirements and related procedures.
  - SRNA updated to CRNS and CRNS resources updated.
  - Community vaccine providers list updated to include respiratory therapists.
  - Immunization Competencies Education Program information updated to Education Program for Immunization Competencies (EPIC).
  - Appendices for inclusion of local policies removed.

Chapter 4 Documentation – Appendix 4.2 Where do I document?

- Scenario #7 revised – Non-immune (Anti-HBs <10 IU/L) after first HB series when tested ≥1 month after last dose; N/A noted in Risk Factor column.
- Scenario #8 revised – Non-immune (Anti-HBs <10 IU/L) after second HB series when tested ≥1 month after last dose.
- New! Scenario #30 - Non-responder post series – Non-HB. Risk factor to be added, and IHI to be updated.
- Scenario #37 – SC Contraindications: Updated to include only publicly funded live vaccines the client may be eligible for.
- Scenarios #38, 39,40, 41, 42 and 45 – Updated to include only publicly funded live vaccines the client may be eligible for.
- Scenario #37 – Special Considerations updated to: Precaution: Immunosuppressed – Risk Assessment Required.
- Scenario #40 – Risk Factor updated: [document medication if known] added.
- Scenario #48 – FYI column Updated to: Start & end date the RF for the same date that MMR was administered and **leave as an invalid dose.**
- Scenario #57 – Canada Vigilance Form may be uploaded if applicable.

Chapter 5 Immunization Schedules

- P. 5 Section 1.4 Children 1 Year and Older but less than 7 Years Who Present for Immunizations
  - Deleted - Footnote 10 from MMRV.
- P. 7 Section 1.6 Adults 18 Years and Older Who Present for Immunizations
  - New! RSV added to table, along with new footnote #12: Publicly funded for long-term care and personal care home residents 60 years and older who have never received an RSV vaccine dose at any age.
- P. 8 Section 1.7 Recommended Publicly Funded Immunizations for Adults Who Completed a Primary Childhood Vaccine Series
  - New! RSV added to table, along with new footnote #12: Publicly funded for long-term care and personal care home residents 60 years and older who have never received an RSV vaccine dose at any age.
- P. 9 Section 1.8 Publicly Funded Vaccine Eligibility Criteria - RSV added to Table.
- P. 11 Section 2.1 Minimum Intervals for Specific Vaccines Series
  - Deleted: Footnote 10 from MMRV, MMR and Var; and Footnote 3 from MMRV and Var.
  - New! Footnote #10 to Men-C-ACYW-135 row.
- P. 15 Section 3.5.1 Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Viruses
  - New content regarding albumin agents added: Albumin products (human serum albumin (HSA) or recombinant human albumin (rHA)) are made from pooled human plasma, used primarily to

expand blood volume or correct severe protein shortages. Albumin does not inherently contain antibodies. Its primary function is to act as a transport protein in the blood plasma, not as an immune defense molecule and no interval is required before receiving MMR, Var or MMRV vaccines.

- P. 17 Section 3.7.2 Tetanus Prophylaxis in Wound Management
  - Added to #4: Administer TIg as soon as possible (up to 21 days after injury) as deep IM injection. If tetanus vaccine, rabies vaccine, or rabies immune globulin are also being given, use separate syringes and site at least 2.5 cm apart for each product.
- P. 18 Section 3.8.2 (Rabies) Post-Exposure Prophylaxis (PEP)
  - Revised first bullet: Refer to the Saskatchewan Communicable Diseases Control Manual Rabies section for PEP schedules.
- P. 23 Canadian Tuberculosis Standards (8th Ed.) Ottawa, ON
  - Link updated

Chapter 7 Immunization of Special Populations

- P. 3 Section 1.4.1 Consideration for MMR and Varicella Immunization of Immunocompromised Individuals
  - HSCT removed from page 3 as information is provided on page 4.
  - HIV second bullet revised: MMR and varicella immunization forms in SIM Chapter 7 must be completed by the patient's specialist.
- P. 5 Section 2.1 Bleeding Disorders
  - Third bullet revised: Consult with an individual's physician/specialist or a MHO prior to …
- P. 7 Section 2.4 Asplenia
  - Thalassemia is categorized: alpha- or beta-thalassemia [trait and/or transfusion dependant or non-transfusion dependant].
  - Hemoglobinopathy diseases added - hemoglobin C, D, E, SC, SD or SE disease.
  - Additional sentence added to first paragraph: If they receive blood/blood products for disease management or treatment, ensure the client's risk factors are updated in Panorama (e.g., Chronic Medical Condition – Bleeding Disorders) and appropriate HB vaccine series is provided.
- P. 13 Renal Disease
  - 'Predialysis' deleted and replaced with 'chronic kidney disease' (CKD), as recommended by SHA renal clinicians
- Pp. 15-16 Sections 3.3 HIV and 3.3A Publicly Funded Vaccines and Immune Globulins – HIV
  - P. 15 content related to HIV immunodeficiency definitions is removed.
  - P. 15 New footnote #2 added: One [Men-C-ACYW-135] dose for individuals who missed the school-age program, up to and including 21 years of age; ineligible for vaccine upon 22nd birthday.
  - P. 16: MenB reinforcement doses are not recommended or publicly funded.
- P. 19 Section 3.7 Medical Treatment
  - Introductory sentence revised: Immunosuppression may result from current or future medical treatments such as….
  - Under Live Vaccines – New first bullet added: Specialist consultation is required prior to immunization with live vaccines. Refer to Appendix 7.2: *Varicella Immunization Referral Form* and Appendix 7.3: *MMR Immunization Referral Form*.
- P. 26 Section 6.2.1 Students of Health Care Professions
  - Speech and language pathologists added.
- P. 28 Section 7.2 Individuals Recently New to Canada
  - First bullet revised: Documented immunization records may be unavailable, suspected to be invalid, or contain vaccine administration dates and birth dates that are not recorded using the Gregorian (international standard civil) calendar.
- Pp. 33-36 Appendix 7.1: Publicly Funded Vaccine Recommendations for Specific Populations by Panorama Risk Factor

    - Pp. 33-35 Deleted – previous footnote #1 for Men-C-ACYW-135 vaccine that stated high risk child should receive Men-C-ACYW-135 vaccine at 1 years old.
    - P. 33 - Thalassemia updated: thalassemia (any type).
    - P. 35 – Children of Immigrants – HB has updated description: children of immigrants from countries with ≥ 2% HB prevalence. This includes all children younger than 11 years old who were born before the family's arrival in Canada and born after the family's arrival in Canada.
    - P. 35 – RSV added to LTC facility -resident and Personal care home resident risk factors, along with (revised) footnote #1.
    - P. 36 – New RSV footnote #1: Publicly funded for long-term care and personal care home residents aged 60 years and older who have never received an RSV vaccine dose at any age.
- P. 39 Appendix 7.4: High Dose HB Immunization Algorithm - Renal, Hemodialysis, HIV & Congenital Immunodeficiency Deficiency
    - Reviewed and approved by SHA renal clinicians.
    - Specific testing and immunization directives added for HIV / CID and new Hemodialysis boxes.
    - Non-responder - HB box has enhanced directives.
    - New! footnote 1, 2 and 3 added under the algorithm to address common situations.
- P. 41 Appendix 7.6: Publicly Funded Immunization Schedule for Adult Post-Hematopoietic Stem Cell Transplant Recipients
    - Added to footnote #18: These vaccines are not publicly funded at this time, even though they may be recommended by the transplant program: HPV-9, Pneu-C-21 and RSV for those ineligible…
- P. 44 Appendix 7.9: Publicly Funded Immunization Schedule for Adult Solid Organ Pre-Transplant Candidates
    - Added to footnote #15: These vaccines are not publicly funded at this time, even though they may be recommended by the transplant program: HPV-9, Pneu-C-21 and RSV for those ineligible…
- P. 45 Appendix 7.10: Publicly Funded Immunization Schedule for Adult Solid Organ Post-Transplant Recipients
    - Added to footnote #13: These vaccines are not publicly funded at this time, even though they may be recommended by the transplant program: HPV-9, Pneu-C-21 and RSV for those ineligible…
- Online SIM Manual
    - May 2026 versions of the Varicella referral form and MMR referral form are posted under Ch. 7.

Chapter 9 Management of Biological Products

- Pp. 27-28 5.2 Cold Chain Break Report Form – Updated
- P. 29 5.2A How to Complete the Cold Chain Break Report Form – Updated
    - Link to fillable FORM – Cold Chain Break Report – Updated Form
- P. 30 Product Wastage Form – Updated and to be used for all publicly funded products including COVID-19 vaccines.

Chapter 10 Biological Products

- TOC – all three pages date August 2026
    - New! VIMKUNYA Chikungunya vaccine added.
    - 2026-27 Covid-19 immunization schedules and vaccines updated, including Novavax and mNEXSPIKE (not publicly funded).
    - Retitled: Risk-based HB revaccination Assessment Algorithm.
    - Delete: Afluria-Tetra and Supemtek influenza vaccines as not marketed in 2026-27
- New! VIMKUNYA added to Chikungunya vaccine page.
- 2026-27 Publicly funded COVID-19 Immunization Schedules, Pages 1 and 2
    - All dates revised to 2026-27.
    - Novavax added to Tables 1 and 2, for +12 years.
- Spikevax, Nuvaxovid and Comirnaty COVID-19 vaccines for 2026-27

    - **Information will be updated in September for 2026-27 vaccines upon Health Canada approval of product monographs**.
    - Deleted: Previous link to the COVID-19 Immunization Manual
- Publicly Funded HB Vaccine Indications
    - Reformatted into categories, of which **risk of ongoing exposure** and **risk of endemic exposure** are coloured-coded the same colour in the risk boxes of the same name on the revised *Risk-Based HB re-vaccination Assessment Algorithm*.
- HB Immunization Eligibility for Children of Families from Countries with Moderate or High (≥ 2%) HB Prevalence
    - New: Belarus, Burundi, Guam, Kyrgyzstan, Niue, Oman and Suriname; WHO website as an information source.
    - Deleted: French Guiana.
    - New source: The WHO: Viral hepatitis country profiles.
- Retitled: Risk-based HB revaccination Assessment Algorithm
    - Reformatted to include box to assess if previous Anti-HBs ≥10 IU/L post-series is available.
- Fluad, Fluvial, FluZone and FluZone high dose influenza vaccines
    - Information updated for 2026-27
- MenQuadfi™, Menveo™ and Menveo™ Men-C-ACYW-135 vaccines
    - P. 1 revisions
        - Indication 4 revised to "Medically high-risk individuals ≥ 6 weeks and older…Refer to high-risk client series schedules below.
        - High-risk client age-based schedule for children <2 years revised to align with **NACI** recommendations.
    - P. 2 footnote 5 revised: People with conditions requiring the receipt of a terminal complement inhibitor (TCI) should be vaccinated at least two weeks prior to receiving their first TCI dose
- Bexsero MenB vaccine
    - P. 1 revisions
        - Indication 2 revised to "≥ 6 weeks and older
        - Three dose schedule added for 12-23 months old.
    - P. 2 footnote 5 revised: People with conditions requiring the receipt of a terminal complement inhibitor (TCI) should be vaccinated at least two weeks prior to receiving their first TCI dose
- ABRYSVO and AREXVY adult RSV vaccines
    - New table added indicating eligibility for publicly funded RSV program: Long term care (LTC) and Personal Care Home (PCH) residents aged 60 years and older who have never received an RSV vaccine dose.
    - Non-publicly funded vaccine-specific indications noted below table.
- Tubersol
    - Indication revised: Screening for tuberculosis infection (TBI); 'latent' removed.
- Hyper RAB and KamRab RabIg
    - Added to Indications: Tetanus immune globulin can be administered concurrently with RabIg and rabies vaccine using separate needles and syringes at separate anatomical sites.
- HyperTET Tig
    - Added to Indications: **TIg must be given at separate anatomic sites from a tetanus toxoid-containing vaccine or rabies immune globulin.**

Chapter 14 – Appendices

- P. 21 Appendix 14.3 Immunization Fact Sheets
    - Updated for August 2026: DTaP-IPV-Hib, Men-C-ACYW-135, MMR, MMRV, RSV.