

Notes

With the exception of the pneumococcal conjugate vaccine³, interruption of a vaccine series does not require restarting the series, regardless of the length of time elapsed since the last dose.

DTaP-IPV-Hib, DTaP-IPV, dTap, Td, Hep A, Hep B, MenC-C and the pneumococcal vaccines must be given *intramuscularly* (IM).

MMR and VZ must be given *subcutaneously* (SC).

MMR and VZ are live virus vaccines. If not given according to the recommended schedule, MMR and VZ must be given at least 28 days apart or on the same day.

Up-to-date immunization records or valid exemptions are required for attendance at school and licensed day-care centres in Ontario.

Different vaccines should *never* be mixed together and administered in the same syringe, unless stated in the product monograph.

1. Diphtheria, Tetanus and Acellular Pertussis vaccine (DTaP)/Inactivated Poliovirus vaccine (IPV) for children under 7 years of age

The 4-6 year (5th) dose of DTaP-IPV in Schedules 1 and 2 is *not* necessary if the preceding (4th) dose was given after the 4th birthday. The minimum interval between doses is one month.

2. Haemophilus influenzae type b vaccine (Hib)

Act-HIB™ should be reconstituted with DTaP-IPV prior to administration.

For children beginning their infant Hib vaccine series at 3 months of age or older, see Table 1.

Hib vaccine is not routinely recommended for children aged 5 years and over. Use DTaP-IPV if starting the series from 5-6 years of age, and Td - IPV for 7 years of age and older.

3. Pneumococcal conjugate vaccine (Pneu C 7)

Routine: This vaccine is available for infants under 2 years of age, who were born on or after January 1, 2004 (see Schedule 1 and Table 2). The booster dose may be given at 15 months of age (at least six to eight weeks after final dose of primary series).

For children whose series has been interrupted, please see Table 3.

High-risk: Children 24-59 months of age should receive 2 doses, eight weeks apart (see Table 2). For high-risk criteria, see page 2.

4. Measles, Mumps, Rubella vaccine (MMR)

Under the *Immunization of School Pupils Act*, all students must have documented receipt of 2 doses of the measles vaccine (generally administered as MMR) given **after the 1st birthday**. The second dose of MMR vaccine should be given at least 28 days after the first dose.

If not given according to the recommended schedule, MMR and VZ must be given at least 28 days apart or on the same day.

Adults (≥ 18 years of age) born after 1956 without evidence of immunity against measles should receive 1 dose of MMR. All women of reproductive age and without evidence of rubella immunity should receive MMR unless they are pregnant.

5. Meningococcal C conjugate vaccine (MenC-C)

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

Catch-up: Unimmunized children aged 12 years (Grade 7) OR youth 15-19 years old may receive a single dose.

High-risk: For high-risk eligibility criteria, please see page 2.

6. Varicella (chickenpox) vaccine (VZ)

If not given according to the recommended schedule, MMR and VZ must be given at least 28 days apart or on the same day.

Routine: Susceptible children 12-15 months of age should receive a single dose.

Catch-up: Susceptible children 5 years of age should receive a single dose.

High-risk: For specific medical conditions of susceptible high-risk persons, see page 2; for the recommended number of doses for susceptible high-risk persons, see Table 4.

7. Hepatitis B vaccine (Hep B)

A two-dose schedule of this vaccine is routinely offered to Ontario school pupils in grade seven. Vaccine is also available for certain high-risk groups including infants born to carrier mothers. For high-risk eligibility criteria, please see page 2.

8. Diphtheria, Tetanus and Acellular Pertussis (adolescent/adult type) vaccine (dTap)/Tetanus, Diphtheria, Inactivated Poliovirus vaccine (Td-IPV) for persons aged 7 and older

A **single** dose of dTap is recommended for all adolescents between 14 and 16 years old who are due for their adolescent booster.

For unimmunized adolescents beginning their primary series between 11 and 18 years of age, one of the 3 doses in the series (of Td-IPV) should be replaced with a single dose of the dTap vaccine plus IPV (2 separate injections).

Adolescent/adult booster doses against poliomyelitis are **not** routinely recommended. However, adolescents/adults who are *unimmunized* should receive a primary series that includes tetanus, diphtheria and polio.

9. Influenza vaccine (Flu)

All Ontario residents aged 6 months and older are eligible to receive publicly funded influenza vaccine yearly. The *National Advisory Committee on Immunization* (NACI) statement on influenza is published annually and is available on the *Public Health Agency of Canada* (PHAC) website (see below).

Children under 9 years of age who have not been previously immunized with influenza vaccine should receive 2 doses at least 4 weeks apart the first season they receive influenza vaccine.

10. Pneumococcal polysaccharide vaccine (Pneu PS)

Pneumococcal polysaccharide vaccine is recommended for all persons 65 years and over, and those ≥ 2 years of age with chronic heart or lung disease, or others who have high-risk medical conditions (page 2). Revaccination is indicated under some circumstances (see Table 5).

For more information, and to report vaccine related adverse events, please call your local public health unit.

For more detailed information about vaccines, please consult the manufacturers' product monographs, the current *Canadian Immunization Guide*, or the *National Advisory Committee on Immunization* website at:

<http://www.phac-aspc.gc.ca/naci-ccni/index.html>