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**Policy:** Publicly Funded Vaccine Eligibility for Individuals at High Risk of Acquiring Vaccine Preventable Diseases

**Originating Branch:** Public Health Branch

**Original Approval Date:** January 20, 2011      **Effective Date:** July 6, 2015

**Approved By:**

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**Dr. Shelley Deeks**  
**Deputy Chief Medical Officer of Health, Health and Wellness**

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**Version** May 8, 2024

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## 1. POLICY STATEMENT

- 1.1. The Nova Scotia Department of Health and Wellness (DHW) recognizes the need to provide immunizations to individuals at high risk of acquiring vaccine preventable diseases, which may not be included in the routine immunization schedule.
- 1.2. The Department of Health and Wellness (DHW) is committed to a safe and consistent approach to providing publicly funded vaccines to these high-risk individuals.
- 1.3. 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.
- 1.4. 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.
- 1.5. NSHA, the IWK, primary care practitioners and health care organizations implement the programs to Nova Scotians in adherence with those policies, standards and guidelines.

## 2. DEFINITIONS

- 2.1. **Youth congregate living setting:** an institutional residence/dormitory with 13 or more residents (where all or majority are youth, and not related) and such residents live and use shared spaces such as common sleeping areas, bathrooms, kitchens.
- 2.2. **Groups at high risk of vaccine preventable diseases:** A group of individuals with one or more of the conditions or other eligibility criteria noted in [Appendix A](#)
- 2.3. **Individuals at high risk of vaccine preventable diseases:** A person with one or more of the conditions or other eligibility criteria noted in [Appendix A](#)

### 3. POLICY OBJECTIVES

- 3.1. To protect residents of Nova Scotia who are at a higher risk of vaccine preventable diseases.
- 3.2. To provide guidance for public health providers and other immunization providers to identify which vaccines are publicly funded in Nova Scotia for individuals at high risk of acquiring vaccine preventable diseases.
- 3.3. To provide access to publicly funded vaccines to those individuals at high risk 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.
- 3.4. This policy does not provide information on scheduling, dosing and frequency. It is expected that the client's healthcare provider will have consulted with the [Canadian Immunization Guide](#), a specialist or specialized care team to determine the schedule, dosing and frequency of the immunizations.

### 4. APPLICATION

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

### 5. POLICY DIRECTIVES

- 5.1. Upon request from a family physician, nurse practitioner, specialist, specialized care team or public health practitioner, a vaccine will be provided to an individual at high risk, as per [Appendix A](#).
- 5.2. The decision to immunize will depend on a thorough case by case analysis of risks and benefits.

#### Eligibility

- 5.3. Residents of Nova Scotia
  - 5.3.1 All residents of Nova Scotia with a valid Nova Scotia health card are eligible to receive publicly funded vaccines as described in [Appendix A](#).
- 5.4. Visitors, Temporary Residents, Non-Residents
  - 5.4.1 Vaccines, 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.
  - 5.4.2 The eligibility criteria for these individuals may change based on their circumstances.
  - 5.4.3 Following a risk assessment in consultation with the Medical Officer of Health, a non-resident deemed to be an individual at high risk may be eligible to receive specific vaccine products as described in [Appendix A](#).

### 6. POLICY GUIDELINES

- 6.1. [Appendix A](#) serves as a guideline for healthcare providers to identify a client's eligibility for specific vaccine products based on their high-risk condition or other eligibility criteria.
- 6.2. The degree of impaired immunity may range from insignificant to profound and should be taken into account when considering an immunization schedule for the immune compromised client.
- 6.3. Whenever possible, eligible individuals should be immunized before immune suppressing treatments and/or transplantation are undertaken.

## **7. ACCOUNTABILITY**

- 7.1. For the purpose of the administration of this policy, accountability is delegated to the Deputy Minister of Health and Wellness.
- 7.2. DHW Public Health has responsibility to ensure the policy is current, evidence informed and reviewed every two years and for on-going monitoring and enforcement of this policy.
- 7.3. 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.
- 7.4. Public Health staff and other healthcare providers who provide publicly funded immunizations are responsible for adhering to this policy.

## **8. MONITORING / OUTCOME MEASUREMENT**

- 8.1. DHW Public Health is responsible for defining strategic outcomes, and monitoring performance and effectiveness of 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. Infectious Disease Expert Group, 2018
- 10.2. Province of Nova Scotia (2023) Nova Scotia Publicly Funded Vaccine/Immunoglobulin Eligibility Policy.  
Retrieved from <https://novascotia.ca/dhw/CDPC/info-for-professionals.asp>
- 10.3. Public Health Agency of Canada. Canadian Immunization Guide. Retrieved from <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- 10.4. Public Health Agency of Canada. National Advisory Committee On Immunization. Retrieved from: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>

## **11. APPENDICES**

- 11.1. [Appendix A](#): Vaccine Eligibility for Individuals at High Risk of Acquiring Vaccine Preventable Diseases

## **12. VERSION CONTROL**

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<b>Version</b>	May 8, 2024, replaces all previous versions.
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## **13. INQUIRIES**

Health Protection, Public Health Branch  
Nova Scotia Department of Health & Wellness  
Email: [cdpc@novascotia.ca](mailto:cdpc@novascotia.ca)

# APPENDIX A

For schedule and dosing recommendations consult the Canadian Immunization Guide and/or a specialist or specialized care team member.

PUBLICLY FUNDED VACCINE ELIGIBILITY FOR INDIVIDUALS AT HIGH RISK OF ACQUIRING VACCINE PREVENTABLE DISEASES										
ELIGIBILITY CRITERIA	VACCINE									
	DTap-IPV-Hib	Pneu-C-20	Men-C-ACWY	Hib	Hep B	Hep A	Men B	MMR	Varicella	HPV
<b>IMMUNE-SUPPRESSING CONDITIONS</b>										
Cancers		X		X <sup>(5)</sup>						
Congenital Immunodeficiency		X <sup>(4)</sup>	X <sup>(1)</sup>	X	X <sup>(11)</sup>		X			
Hematopoietic Stem Cell Transplant <sup>(8)</sup>	X	X	X <sup>(1)</sup>	X	X <sup>(11)</sup>		X	X <sup>(3)</sup>	X <sup>(3)</sup>	
HIV		X	X <sup>(1)</sup>		X <sup>(11)</sup>	X <sup>(12)</sup>	X	X <sup>(3)</sup>	X <sup>(3)</sup>	X <sup>(13)</sup>
Immunosuppressive Therapy		X <sup>(17)</sup>	X <sup>(1,6)</sup>				X <sup>(6)</sup>	X <sup>(3,9)</sup>	X <sup>(3,9)</sup>	
Solid Organ Transplant		X	X <sup>(1)</sup>	X <sup>(2)</sup>	X <sup>(11)</sup>		X	X <sup>(3,9)</sup>	X <sup>(3,9)</sup>	
Splenic Disorders including Asplenia, Sickle Cell Disease or other Hemoglobinopathies		X	X <sup>(1)</sup>	X	X <sup>(7)</sup>		X		X	
<b>OTHER</b>										
Chronic Cerebrospinal Fluid Leak		X								
Chronic Liver Disease		X <sup>(18)</sup>			X	X <sup>(12)</sup>				
Chronic Lung Disease		X								
Asthma		X <sup>(19)</sup>								
Chronic Neurological Conditions		X <sup>(10)</sup>								
Chronic Renal Disease		X			X <sup>(11)</sup>				X	
Cochlear Implants including those scheduled to receive implants		X		X						
Diabetes		X								
Heart Disease		X								
Hemophilia and Other Bleeding Disorders					X					
High Risk Sexual Practices					X	X <sup>(12)</sup>				
Homelessness		X								
Substance Use or Harmful Use of Alcohol		X			X	X <sup>(12)</sup>				
Smoking		X <sup>(20)</sup>								
Residents of Long-Term Care Facilities		X								
Living in residential care for children with complex medical needs		X								
Living in communities or settings experiencing sustained high IPD rates		X <sup>(21)</sup>								
Cystic Fibrosis		X							X	
Chronic Salicylic Acid Therapy									X	
Receiving repeated replacement of plasma derived clotting factors						X <sup>(12)</sup>				
Men who have sex with men					X	X <sup>(12)</sup>				X <sup>(13)</sup>
Youth less than 26 years of age moving into youth congregate-living settings for the first time							X <sup>(14, 15, 16)</sup>			

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| <p>(1) Quadrivalent products vary. Ensure appropriate product for those less than two years of age.</p> <p>(2) Lung transplants only.</p> <p>(3) Varicella and MMR may be given only when client is immunocompetent, as determined by their health care provider.</p> <p>(4) Involving any part of the immune system, including B-lymphocyte immunity, T-lymphocyte mediated immunity, complement system (e.g. properdin, or factor D deficiencies).</p> <p>(5) Malignant hematologic disorders only e.g. leukemia, lymphomas.</p> <p>(6) Only persons with acquired complement deficiency due to receipt of the terminal complement inhibitor eculizumab (Soliris).</p> | <p>(7) Recommended for conditions requiring repeated transfusions (e.g. sickle cell disease).</p> <p>(8) HSCT recipients should be viewed as “never immunized” and require complete re-immunization post transplantation. DTap-IPV-Hib is recommended for adults and children (expert opinion).</p> <p>(9) MMR and Varicella vaccine should be given at least 4 weeks before solid organ transplantation or initiation of immunosuppressive therapy.</p> <p>(10) Only Chronic neurological conditions that may impair clearance of oral secretions.</p> <p>(11) Immunization with a higher dose of monovalent hepatitis B vaccine is recommended e.g. Recombivax Dialysis.</p> | <p>(12) The individual at high risk and children 6 months to less than 3 years of age living in the household are eligible.</p> <p>(13) Less than 46 years of age.</p> <p>(14) Those entering post-secondary studies and living in a congregate- living setting.</p> <p>(15) First time military trainees who will be living in a military congregate- living setting.</p> <p>(16) Those living in a youth congregate living setting not otherwise defined e.g., Nova Scotia Youth Centre, youth community residential setting, or youth shelter, etc.</p> <p>(17) Including use of long-term corticosteroids, chemotherapy, radiation therapy and post-organ transplant therapy.</p> | <p>(18) Including hepatic cirrhosis and biliary atresia.</p> <p>(19) Children 2 months until their 18th birthday with asthma requiring acute medical care in the past 12 months AND adults 50 years until their 65th birthday with asthma requiring treatment within the past 12 months.</p> <p>(20) Adults aged 50 to 64 years.</p> <p>(21) As determined by Public Health.</p> |
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