NOVA SCOTIA
Health and Wellness

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
Revised Approval Date:	February 1, 2019	***Effective Date:***	February 1, 2019
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

Communicable Disease Prevention and Control
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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	• 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	• 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	• 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	• Adult booster every 10 years following one dose of Tdap as an adult • Post-exposure/wound management

*Refer to the publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy for eligibility criteria.

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
Hib	Haemophilus influenzae type b	Act-Hib	• *Pre-exposure prophylaxis for individuals 5 years of age and older with the following high risk conditions: ◦ 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	• Post-exposure prophylaxis • Outbreak control • *Pre-exposure prophylaxis for those at increased risk of infection or severe Hepatitis A: ◦ 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

*Refer to the publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy for eligibility criteria.

Appendix A: Nova Scotia Publicly Funded Vaccine/Immunoglobulin Eligibility

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
HB	Hepatitis B	Engerix Recombivax	• 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: ◦ 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	• *Pre-exposure prophylaxis for those at increased risk of Hepatitis A and Hepatitis B infection or severe Hepatitis A and Hepatitis B: ◦ Chronic liver disease ◦ Men who have sex with men ◦ High risk sexual practices ◦ HIV ◦ Illicit drug use or alcoholism

*Refer to the publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy for eligibility criteria.

Appendix A: Nova Scotia Publicly Funded Vaccine/Immunoglobulin Eligibility

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
HPV	Human papillomavirus	Gardasil	• 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: ◦ HIV – for those up to and including 45 years of age
Inf	Influenza - inactivated	Fluzone FluLaval Tetra	• Quadrivalent standard dose products: Residents and non-residents of NS, 6 months of age and older
		Fluzone High-Dose	• 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	• 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	• Post-exposure prophylaxis for Serotype B • Outbreak control • *Pre-exposure prophylaxis for the following high risk conditions: ◦ 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	• Routine immunization of children < 5 years of age • Post-exposure prophylaxis for Serotype C • Outbreak control

*Refer to the publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy for eligibility criteria.

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
Men-C-ACYW-135	Meningococcal - Conjugate	Menveo Menactra Nimenrix	• 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: ◦ 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	• Routine immunization of children if not receiving MMRV. • Immunization of children 6 to 11 months of age travelling to regions where measles is a concern (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 immunocompeten**t: ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy ◦ Solid organ transplant
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**: ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy ◦ Solid organ transplant

*Refer to the publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy for eligibility criteria.

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
Var	Varicella	Varilrix Varivax	• 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): ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy ◦ Solid organ transplant *Pre-exposure prophylaxis for the following high risk conditions (if not receiving MMRV) ◦ Chronic renal disease ◦ Chronic salicylate therapy ◦ Cystic fibrosis ◦ Splenic disorders Pre-exposure prophylaxis for others (if not receiving MMRV): ◦ Non-immune health care workers ◦ Post-partum women who are found to be non-immune to varicella ◦ Non-immune individuals *who live with or care* for anyone in the following categories: ✓ 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)
Pneu-C-13	Pneumococcal-Conjugate	Prevnar 13	• Routine immunization of children • *Pre-exposure prophylaxis for the following high risk conditions: ◦ Cancer ◦ Congenital immunodeficiency ◦ Hematopoietic stem cell transplant (HSCT) ◦ HIV ◦ Immunosuppressive therapy ◦ Solid organ transplant ◦ Splenic disorders including sickle cell disease or other hemoglobinopathies

*Refer to the publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy for eligibility criteria.

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
Pneu-P-23	Pneumococcal - Polysaccharide	Pneumovax 23	• Adults 65 years and older • *Pre-exposure prophylaxis for Individuals 2 years and older with the following high risk conditions: ◦ 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
Rab	Rabies	Imovax Rabies Rabavert	• Post-exposure prophylaxis

*Refer to the publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy for eligibility criteria.

Other Biological Products (Canadian Immunization Guide)

Abbreviation	National Agent (Type)	Trade Name E.g.	Eligibility
BAtx	Botulism antitoxin		• People with established or suspected botulism (therapeutic) • Asymptomatic people strongly suspected of having eaten food contaminated with botulism toxin (prophylaxis)
DAtx	Diphtheria antitoxin		• Clinical suspicion of diphtheria regardless of bacteriological confirmation
Ig	Immunoglobulin	GamaSTAN	**Hepatitis A** • Post exposure prophylaxis for the following: ◦ Infants < 6 months of age ◦ Immunocompromised people who may not respond to the vaccine ◦ Immunocompetent individuals ≥ 60 years of age ◦ Individuals with chronic liver disease ◦ People for whom Hepatitis A vaccine is contraindicated **Measles *(Rubeola)*** • Post exposure prophylaxis for the following susceptible contacts of measles: ◦ 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	• Post exposure prophylaxis for the following high risk situations: ◦ 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	• Post exposure prophylaxis
TIg	Tetanus immunoglobulin	HyperTET	• Post exposure/wound management

*Refer to the publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy for eligibility criteria.

Abbreviation	National Agent (Type)	Trade Name E.g.	Eligibility
VarIg	Varicella immunoglobulin	VariZIG	• Post exposure prophylaxis for the following high-risk conditions: ◦ 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

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