



Policy: Publicly Funded Vaccine/Immunoglobulin Eligibility Policy

Originating Branch: Public Health Branch

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

Approved By:

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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 immunization programs and procures the immunization products 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

- 3.1 [Federal Government Immigration and Citizenship Glossary](#)
- 3.2 Two-Spirit, MSM*, and Transgender^ People
 - *Men who have sex with men (MSM): men who engage in sexual activity with other men, regardless of sexual orientation or identity.
 - ^Transgender people: individuals who identify as trans men, trans women, trans masculine, trans feminine, non-binary, gender-fluid, intersex, and other gender-diverse persons.

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 immunizations/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 immunizations.

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 immunizations/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 complete the series as part of the Nova Scotia publicly funded immunization program.
- Will follow the same publicly funded immunization eligibility as residents of Nova Scotia, regardless of previous province/territory eligibility.

5.2 Visitors, Temporary Residents, Non-Residents, Canadian Post-Secondary Students and Newcomers (immigrants, refugees, and others establishing residency in Nova Scotia).

5.2.1 Newcomers who are establishing residency in NS and refugees who did not receive immunizations as part of the [Interim Federal Health Program](#) are eligible to receive them according to this policy. This includes individuals establishing residency who are awaiting a Nova Scotia health card.

5.2.2 Canadian residents are eligible to receive immunizations as per home province or territory's immunization schedule providing those immunizations are publicly funded in Nova Scotia.

5.2.3 Immunizations/immunoglobulins, with the exception of the influenza vaccine and COVID-19 vaccine, are not routinely provided through the publicly funded immunization program to visitors or temporary residents of Nova Scotia, international students who are not establishing residency or temporary foreign workers.

5.2.4 In unusual situations, a risk assessment approach in consultation with the Medical Officer of Health is to be used when making individual decisions regarding immunization of a person not eligible for publicly funded immunizations.

5.3 School-Based Program

5.3.1 Youth attending grade 7 in Nova Scotia.

5.3.2 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 less than 19 years of age.

5.3.3 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 less than 19 years of age.

6. POLICY GUIDELINES

6.1. Publicly funded immunizations may be provided through the publicly funded program to residents/non-residents of Nova Scotia as part of outbreak/pandemic management, and/or contact management.

- 6.2. Regardless of residency status, individuals who have started a series of immunizations as part of post exposure immunization out of province will be able to have the series completed in Nova Scotia.
- 6.3. Products included in [Appendix A](#) may vary based on national contracts and availability.

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 a responsibility to ensure the policy is current, evidence informed and reviewed every two years. DHW is also accountable to communicate the policy to immunization providers 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 and adhered to by their staff.
- 7.4. 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 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. Government of New Brunswick (2024). [Eligibility Criteria Standards Policy–See Number 2](#).
- 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 <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>.

11. APPENDICES

- 11.1 [Appendix A](#): Nova Scotia Publicly Funded Immunization/Immunoglobulin Eligibility.

12. VERSION CONTROL

Version	September 22, 2025, replaces all previous versions.
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13. INQUIRIES

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Appendix A: Nova Scotia Publicly Funded Immunization/Immunoglobulin Eligibility

Abbreviation	National Immunizing Agent (Type)	Immunizing Products (e.g.)	Eligibility
DTaP-IPV-Hib	Diphtheria, tetanus toxoid, acellular pertussis, inactivated polio, haemophilus influenzae type b	Pediacel Pentacel	<ul style="list-style-type: none"> Routine immunization of children 2 months to less than 7 years of age* *Re-immunization of individuals 7 years of age and older post Hematopoietic Stem Cell Transplant (HSCT) <p>*Even though children 5 years to less than 7 years of age do not require the Hib component of the DTaP-IPV-Hib vaccine for their primary series, the DTaP-IPV-Hib vaccine should still be given. The alternative product, Tdap-IPV is inappropriate because it has lower antigen levels, and is intended as a booster dose only.</p>
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 years to less than 7 years of age Immunization of individuals 7 years to less than 18 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, less than 19 years of age Pregnant people, 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 immunization and wound management
HA	Hepatitis A	Havrix Vaqta	<ul style="list-style-type: none"> Post-exposure immunization Outbreak control *Pre-exposure immunization for those at increased risk of infection or severe Hepatitis A: <ul style="list-style-type: none"> Chronic liver disease Two-Spirit, MSM, and Transgender People High risk sexual practices HIV Substance use or harmful use of alcohol Individuals receiving repeated replacement of plasma derived clotting factors Children 6 months to less than 3 years of age who are living in a household with an individual who is at increased risk of infection or severe Hepatitis A

Appendix A: Nova Scotia Publicly Funded Immunization/Immunoglobulin Eligibility

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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, less than 19 years of age • Post-exposure immunization • Outbreak control • *Pre-exposure immunization for those at increased risk of Hepatitis B infection or severe Hepatitis B: <ul style="list-style-type: none"> ○ Chronic liver disease ○ Two-Spirit, MSM, and Transgender People ○ Chronic renal disease ○ Congenital immunodeficiency ○ Hematopoietic stem cell transplant (HSCT) ○ Hemophilia and other bleeding disorders ○ High risk sexual practices ○ HIV ○ Substance use or harmful use of alcohol ○ 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 immunization 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 ○ Two-Spirit, MSM, and Transgender People ○ High risk sexual practices ○ HIV ○ Substance use or harmful use of alcohol
Hib	Haemophilus influenzae type B	Act-HIB	<ul style="list-style-type: none"> • *Pre-exposure immunization for those at increased risk of Haemophilus influenzae type B: <ul style="list-style-type: none"> ○ Cancers ○ Congenital immunodeficiency ○ Hematopoietic stem cell transplant (HSCT) ○ Solid organ transplant ○ Splenic disorders including asplenia, sickle cell disease or other hemoglobinopathies ○ Cochlear implants including those scheduled to receive implants

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HPV	Human papillomavirus	Gardasil	<ul style="list-style-type: none"> • Grade 7 students (school-based immunization program) • Youth who have missed or refused HPV vaccine as part of the school-based program less than 19 years of age • Two-Spirit, MSM, and Transgender People- for those less than 46 years of age • *Pre-exposure immunization for the following high-risk condition: <ul style="list-style-type: none"> ○ HIV- for those less than 46 years of age
SMV (mpox)	Modified vaccinia virus (for protection against mpox)	Imvamune	<ul style="list-style-type: none"> • Post-exposure immunization • Outbreak control • *Pre-exposure immunization for Individuals 18 years and older at increased risk of mpox: • Two-Spirit, MSM, and Transgender People who meet one or more of the following criteria: <ul style="list-style-type: none"> ○ Have more than one sexual partner ○ Are in a relationship where at least one of the partners has other sexual partners ○ Have had a confirmed bacterial sexually transmitted infection acquired in the last year ○ Have engaged in sexual contact in sex-on-premises venues. • Sexual partners of individuals who meet the criteria above. • Sex workers regardless of gender, sex assigned at birth, or sexual orientation. • Staff or volunteers in sex-on-premises venues where workers may have contact with fomites potentially contaminated with mpox. • Health care professionals working in or persons visiting friends/relatives in an mpox outbreak zone within impacted African countries (i.e., where there is a Canadian level 2 travel health notice for mpox). • Those who engage in sex tourism regardless of gender, sex assigned at birth, or sexual orientation.
Inf	Influenza - inactivated	FLUVIRAL	<ul style="list-style-type: none"> • Trivalent standard dose products: 6 months of age and older
		FLUAD Fluzone High Dose	<ul style="list-style-type: none"> • Enhanced influenza product: Individuals 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

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Men-B	Meningococcal B	Bexsero	<ul style="list-style-type: none"> • Post-exposure immunization for Serotype B invasive meningococcal disease • Individuals who have recovered from Serotype B invasive meningococcal disease • Outbreak control • *Pre-exposure immunization 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 ○ Youth less than 26 years of age moving into congregate-living settings for the first time: <ul style="list-style-type: none"> ▪ Those entering post-secondary studies and living in a congregate-living setting. ▪ First time military trainees who will be living in a military congregate- living setting. ▪ 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.
Men-C-C	Meningococcal - Conjugate	NeisVac-C Menjugate	<ul style="list-style-type: none"> • Routine immunization of children less than 5 years of age • Post-exposure immunization for Serotype C • Outbreak control
Men-C-ACWY	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 less than 19 years of age • Post-exposure immunization for Serotypes A, C, W, Y • Outbreak control • *Pre-exposure immunization 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

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MMR	Measles, mumps, rubella	MMR II Priorix	<ul style="list-style-type: none"> • Routine immunization of children if not receiving MMRV. • Immunization of children 6 months to less than 12 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-notice • Adults born before 1970 without measles immunity** travelling to regions where measles is endemic or there is substantial community-based transmission during an outbreak- 1 dose of measles-containing vaccine • Adults born in 1970 or later without measles immunity** • Students born before 1970 in post-secondary education settings without measles immunity** – 1 dose of measles-containing vaccine • Health care workers regardless of age and year of birth- 2 doses of measles-containing vaccine • Post-partum people who are found to be non-immune to rubella • Post-exposure immunization (Measles, Mumps and Rubella) • Outbreak control • *Pre-exposure immunization 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 <p>**Measles immunity is defined as: Documentation of vaccination:</p> <ul style="list-style-type: none"> ○ If born in or after 1970: 2 doses ○ If born before 1970: 1 dose <p>OR History of laboratory confirmed infection OR Laboratory evidence of immunity</p>

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MMRV	Measles, mumps, rubella & varicella	Priorix Tetra	<ul style="list-style-type: none"> • Routine immunization of children, less than 13 years of age, born 2006 and later and not previously immunized with MMR and Varicella are eligible for 2 doses • Infants 6 months to less than 12 months of age who received one dose of MMR for travel still require the routine childhood 2 dose schedule • *Pre-exposure for the following high-risk conditions in children less than 13 years of age, once immunocompetent: <ul style="list-style-type: none"> ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Immunosuppressive therapy ○ Solid organ transplant
Var	Varicella	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 immunization • *Pre-exposure immunization 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 immunization 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 immunization for others (if not receiving MMRV): <ul style="list-style-type: none"> ○ Non-immune health care workers ○ Post-partum people 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

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			<ul style="list-style-type: none"> ✓ Receiving treatment associated with T-cell abnormalities (e.g. intensive chemotherapy)
Pneu-C-15	Pneumococcal-Conjugate	Vaxneuvance	<ul style="list-style-type: none"> • Routine immunization of children who have not previously received a pneumococcal vaccine. • If the series was started with Pneu-C-13, it should be completed with Pneu-C-15 • Catch up immunization for children until their 5th birthday
Pneu-C-20	Pneumococcal-Conjugate	Prevnar 20	<ul style="list-style-type: none"> • Routine immunization of adults 65 years and older (older adults) who have not previously received a pneumococcal vaccine, as part of the universal program for older adults¹. • *Pre-exposure immunization for individuals 2 months and older with high-risk medical or living conditions²: <ul style="list-style-type: none"> ○ Cancers ○ Congenital Immunodeficiency ○ Chronic cerebral spinal fluid (CSF) leak ○ Chronic liver disease ○ Chronic lung disease ○ Chronic renal disease ○ Chronic neurological conditions that may impair clearance of oral secretions ○ Cochlear implants including those scheduled to receive implants ○ Diabetes ○ Congenital immunodeficiency ○ Cystic fibrosis ○ Chronic heart disease ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Homelessness ○ Substance use or harmful use of alcohol ○ Immunosuppressive therapy ○ Residing in long term care facilities ○ Living in residential care for children with complex medical needs ○ Living in communities or settings experiencing sustained high invasive pneumococcal disease (IPD) rates as determined by Public Health ○ Solid organ transplant ○ Splenic disorders including asplenia, sickle cell disease or other hemoglobinopathies

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Abbreviation	National Immunizing Agent (Type)	Immunizing Products (e.g.)	Eligibility
			<ul style="list-style-type: none"> • *Pre-exposure immunization for individuals 2 months until their 18th birthday with asthma requiring acute medical care in the past 12 months • *Pre-exposure immunization for individuals 50 years until their 65th birthday with asthma requiring treatment within the past 12 months • Smokers 50 years until their 65th birthday • All eligible individuals with the above high-risk medical or living conditions: <ul style="list-style-type: none"> ○ Catch up immunization for infants and children ○ If a series was started with Pneu-C-13 or Pneu-C-15, it should be completed with Pneu-C-20 ○ If a series was started with Pneu-P-23, it should be completed with Pneu-C-20 <p>¹ Individuals who have received Pneu-P-23 or Pneu-C-13 as part of the high-risk program are eligible for the universal program once they turn 65 years of age as long as it has been at least 5 years from the last dose of a previous pneumococcal vaccine (Pneu-P-23 or Pneu-C-13).</p> <p>² This includes individuals who have previously received Pneu-P-23 as part of the universal program for adults 65 years and older who develop a new high- risk condition.</p> <p>For schedule and dosing recommendations consult the Canadian Immunization Guide and/or a specialist.</p>
RSV	Respiratory Syncytial Virus	Arexvy Abrysvo	<ul style="list-style-type: none"> • Routine immunization of adults 75 years and older. • *Pre-exposure immunization for the following high risk conditions: <ul style="list-style-type: none"> ○ individuals 60 years and older residing in long term care facilities; and ○ hospital inpatients 60 years and older awaiting placement.
RSVAb	Nirsevimab (Respiratory syncytial virus monoclonal antibody)	Beyfortus	<ul style="list-style-type: none"> • Routine immunization of infants less than 8 months born during or entering their first RSV season¹ • *Pre-exposure immunization for the following high-risk conditions in children less than 24 months born during or entering their first RSV season: <ul style="list-style-type: none"> ○ Premature infants born less than 37 weeks gestational age ○ Chronic lung disease, including bronchopulmonary dysplasia, requiring ongoing assisted ventilation, oxygen therapy or chronic medical therapy in the 6 months prior to the start of the RSV season ○ Cystic fibrosis with respiratory involvement and/or growth delay ○ Hemodynamically significant chronic cardiac disease ○ Severe immunodeficiency (see CIG for interpretation)

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Abbreviation	National Immunizing Agent (Type)	Immunizing Products (e.g.)	Eligibility
			<ul style="list-style-type: none"> ○ Severe congenital airway anomalies impairing clearing of respiratory secretions ○ Neuromuscular disease impairing clearing of respiratory secretions ○ Down syndrome ● *Pre-exposure immunization for the following high-risk conditions in children less than 24 months during their second RSV season: <ul style="list-style-type: none"> ○ All those listed above except for: <ul style="list-style-type: none"> • premature infants born less than 37 weeks gestational age, and • infants with Down syndrome who do not have another high-risk condition listed above. <p>¹Infants without high-risk conditions whose gestational parent received RSVpreF at least 2 weeks before birth should not receive nirsevimab.</p>
Rab	Rabies	Imovax Rabies Rabavert	<ul style="list-style-type: none"> ● Post-exposure immunization
RV	Rotavirus	RotaTeq	<ul style="list-style-type: none"> ● Routine immunization of children less than 8 months of age.
Shingles	Shingles	Shingrix	<ul style="list-style-type: none"> ● Routine immunization of adults 65 years and older.

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		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 less than 6 months of age ○ Immunocompromised people who may not respond to the vaccine ○ Immunocompetent individuals 60 years of age and older ○ 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 less than 6 months of age ○ Immunologically compromised individuals for whom measles vaccine is contraindicated ○ Pregnant people ○ Susceptible immunocompetent people who present more than 72 hours but less than 1 week after exposure, i.e., too late for vaccine

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HBlg	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 birthing parents with acute or chronic Hepatitis B virus ○ Sexual contacts of individuals with acute or chronic Hepatitis B
Rablg	Rabies immunoglobulin	HyperRAB	<ul style="list-style-type: none"> • Post exposure prophylaxis
Tlg	Tetanus immunoglobulin	HyperTET	<ul style="list-style-type: none"> • Post exposure prophylaxis/wound management
Varlg	Varicella immunoglobulin	VariZIG	<ul style="list-style-type: none"> • Post exposure prophylaxis for some people with the following high-risk conditions: <ul style="list-style-type: none"> ○ Pregnant people ○ Immunocompromised patients, such as those with congenital or acquired immunodeficiency ○ Newborn infants of birthing parents 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