

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

Originating Branch: Office of the Chief Medical Officer of Health

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Approved By: 

Dr. Robert Strang, Chief Medical Officer of Health, Health and Wellness

Version #: 3

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. 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), and 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. **High Risk Individuals:** A person with one or more of the conditions noted in Appendix A.
- 2.2. **High Risk Groups:** A group of individuals with one or more of the conditions noted in Appendix A.

3. POLICY OBJECTIVES

- 3.1. To protect individuals in specific high risk groups from vaccine preventable diseases.

- 3.2. To provide access to publicly funded vaccines to those high-risk individuals who have started an immunization series in another province and now reside in Nova Scotia.
- 3.3. This policy does not provide information on scheduling, dosing and frequency. It is expected that the client's healthcare provider will have consulted with 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 nurse, a vaccine will be provided to a high-risk individual, when appropriate.
- 5.2. The decision to immunize will depend on a careful 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 a high-risk individual 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.
- 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. 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 healthcare 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. Infectious Disease Expert Group, 2013
- 10.2. Province of Nova Scotia (2017). *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 Recommendations, Statements and Updates. 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* <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>

11. APPENDICES

- 11.1. Appendix A: Vaccine Eligibility for High Risk Individuals

12. INQUIRIES

Communicable Disease Prevention and Control
Nova Scotia Department of Health and Wellness
Tel: (902) 424-8160
Email: cdpc@novascotia.ca

13. VERSION CONTROL

Version Control:

Version 3

June 2017 replaces all previous versions

Appendix A: Vaccine Eligibility for High Risk Individuals

Vaccine Eligibility for High Risk Individuals (in addition to Routine Immunization Schedule)										
CONDITION	VACCINE									
	DTaP-IPV-Hib	Pneu-P	Pneu-C-13 ⁽¹¹⁾	Men-C-ACYW-135	Hib	HB	HA	Men B	MMR	Var
Immune-Suppressing Conditions										
Cancers		X ⁽⁴⁾	X ⁽⁴⁾		X ⁽⁵⁾					
Congenital Immunodeficiency		X ⁽⁴⁾	X ⁽⁴⁾	X ⁽¹⁾	X	X ⁽¹²⁾		X		
Hematopoietic Stem Cell Transplant ⁽⁸⁾	X	X ⁽⁴⁾	X ⁽⁴⁾	X ⁽¹⁾	X	X ⁽¹²⁾		X	X ⁽³⁾	X ⁽³⁾
HIV		X ⁽⁴⁾	X ⁽⁴⁾	X ⁽¹⁾	X	X ⁽¹²⁾	X ⁽¹³⁾	X	X ⁽³⁾	X ⁽³⁾
Immunosuppressive Therapy		X ⁽⁴⁾	X ⁽⁴⁾	X ⁽¹⁾⁽⁶⁾				X ⁽⁶⁾	X ⁽³⁾⁽⁹⁾	X ⁽³⁾⁽⁹⁾
Solid Organ transplant		X ⁽⁴⁾	X ⁽⁴⁾	X ⁽¹⁾	X ⁽²⁾	X ⁽¹²⁾		X	X ⁽³⁾⁽⁹⁾	X ⁽³⁾⁽⁹⁾
Splenic disorders including Sickle cell disease or other Hemoglobinopathies		X ⁽⁴⁾	X ⁽⁴⁾	X ⁽¹⁾	X	X ⁽⁷⁾		X		X
Other Conditions										
Age 65 years or older		X								
Chronic Cerebrospinal Fluid Leak		X								
Chronic Liver Disease		X				X	X ⁽¹³⁾			
Chronic Lung Disease (not asthma)		X								
Chronic Neurological Conditions ⁽¹⁰⁾		X								
Chronic Renal Disease		X				X ⁽¹²⁾				X
Cochlear Implant		X			X					
Diabetes		X								
Heart Disease		X								
Hemophilia and Other Bleeding Disorders						X				
High Risk Sexual Practices						X	X ⁽¹³⁾			
Homelessness		X								
Illicit Drug Use or Alcoholism		X				X	X ⁽¹³⁾			
Residents of long-term care facilities		X								
Cystic Fibrosis		X								X
Chronic salicylic acid therapy										X
Receiving repeated replacement of plasma derived clotting factors							X ⁽¹³⁾			

- (1) [Quadrivalent conjugate meningococcal vaccines](#) can be used for individuals 24 months of age and older. Menveo is recommended for children age 2 months to 23 months in high risk groups.
- (2) Lung transplants only.
- (3) Varicella and MMR may be given only when client is immunocompetent, as determined by their health care provider.
- (4) Where both Pneu-C-13 and Pneu-P vaccines are indicated, give Pneu-C-13 first followed at least 8 weeks later by Pneu-P.
- (5) Malignant hematologic disorders only e.g. leukemia, lymphomas.

Appendix A: Vaccine Eligibility for High Risk Individuals

- (6) Only persons with acquired complement deficiency due to receipt of the terminal complement inhibitor eculizumab (Soliris).
- (7) Recommended for conditions requiring repeated transfusions (e.g. sickle cell disease).
- (8) HSCT recipients should be viewed as "never immunized" and require complete re-immunization post transplantation. Pediacel is recommended for adults and children (expert opinion).
- (9) MMR and Varicella vaccine should be given at least 4 weeks before solid organ transplantation or initiation of immunosuppressive therapy.
- (10) [Chronic neurological conditions](#) that may impair clearance of oral secretions.
- (11) 4 dose schedule for Prevnar is recommended for children at high risk of Invasive Pneumococcal Disease (IPD) outlined above.
- (12) Immunization with a [higher dose of monovalent hepatitis B](#) vaccine is recommended e.g. Recombivax Dialysis.
- (13) Children 6 months to 2 years of age living in a household with an individual with a high risk condition are eligible.