

NWT Clinical Practice Information Notice

<p>UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW (2) FILE THIS NOTICE IN YOUR CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE</p>					
<p>The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:</p>					
<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Community Health Centers	<input checked="" type="checkbox"/> Public Health Units	<input checked="" type="checkbox"/> Doctors' Offices	<input type="checkbox"/> Social Services Offices	<input type="checkbox"/> Other: _____

The information contained in this document is a Departmental:

Policy
 Standard
 Protocol
 Procedure
 Guidelines

Title: Meningococcal (Groups A, C, Y and W-135) Conjugate Program for Post Secondary Students

Effective Date: September 01, 2007

Statement of approved clinical practice: The NWT Advisory Committee on Immunization recommends all students attending post-secondary schools outside of the Northwest Territories be offered one dose of Meningococcal Group A, C, Y and W-135 Vaccine.


- The NWT is using Menactra Vaccine for this program, administered in a one-dose schedule of 0.5 ml intramuscularly.
- A randomized controlled trial of this vaccine demonstrated excellent safety and immunogenicity for participants 11 to 55 years of age. Please see attachments for additional information.

Attachments: NWT Immunization Schedule, revised January 2007.

NWT Immunization Competency Exams to nurse managers.

Menactra Information Kit.

Reference: NACI Statement on the Recommended Use of Meningococcal Group A, C, Y, & W-135. CCDR 2007; Vol 33: ACS-3.

This clinical practice is approved.  _____
 (signature)

Assistant Deputy Minister
 Chief Medical Officer of Health
 Director, Child & Family Services
 Director, Adoptions



NWT IMMUNIZATION SCHEDULE

TABLE 1

INFANTS BEGINNING SERIES IN EARLY INFANCY	
AGE	VACCINE
Birth (see note)	Hepatitis B (TMF) +BCG
1 Month	Hepatitis B (TMF)
2 Months	DaPT Polio + Act-HIB + Men C + Pneumococcal Conjugate (PCV – 7)
4 Months	DaPT Polio + Act-HIB + Pneumococcal Conjugate (PCV – 7)
6 Months	DaPT Polio + Act-HIB +Hepatitis B (TMF) + Pneumococcal Conjugate (PCV – 7)
12 Months ♥	Varicella (Chicken pox) + Men C + MMR at Separate Site
18 Months	DaPT Polio + Act-HIB +MMR at Separate Site + Pneumococcal Conjugate (PCV – 7)
4 – 6 Years ♣	DaPT Polio
14 – 16 Years ♦	♠ Tdap

TABLE 2

CHILDREN 1 – 6 YEARS OF AGE NOT IMMUNIZED IN EARLY INFANCY	
AGE	VACCINE
Initial Visit	DaPT Polio + Act-HIB + MMR (at Separate Site) + Pneumococcal Conjugate (PCV – 7)
1 Month after Visit	Varicella (Chickenpox) - If no history of Chickenpox Disease + Men C
2 Months after 1 st Visit	DaPT Polio + Act-HIB + Hepatitis B + *Pneumococcal Conjugate (PCV – 7)
2 Months after 2 nd Visit	DaPT Polio + Hepatitis B +
12 Months after 3 rd Visit	DaPT Polio + Hepatitis B +
4 – 6 Years ♣	DaPT Polio MMR

TABLE 3

UNIMMUNIZED CHILDREN AGED 7 YEARS AND OVER, AND ADULTS NOT IMMUNIZED IN CHILDHOOD	
AGE	VACCINE
Initial Visit	Tdap, Varicella-If no history of the disease MMR (at Separate Site) + HepB
2 Months after 1 st Visit	Td Polio+HepB + Men C
6 – 12 Months after 2 nd Visit	Td Polio + HepB MMR (at Separate Site)
Every 10 Years Thereafter	Td with at least one booster of Tdap

TABLE 4

ROUTINE IMMUNIZATION OF ADULTS (PREVIOUSLY IMMUNIZED)		
VACCINE OR TOXOID	INDICATION	FURTHER DOSES
Diphtheria (Adult Preparation)	All Adults	Every 10 years, preferably given with tetanus toxoid (Td)
Tetanus	All Adults	Every 10 years, preferably given as Td
Influenza	Adults ≥ 65 years; Adults < 65 years at high risk of influenza- related complications	Every year using current vaccine formulation
Pneumococcal	Adults ≥ 65 years; conditions with increased risk of pneumococcal diseases	None usually
Measles	All adults born in 1970 or later who are susceptible to measles	Preferably given as MMR
Rubella Varicella	Susceptible women of childbearing age and healthcare workers	None
Mumps	Adults born in 1970 or later with no history of mumps	None
Pertussis	All adults	One dose of Tdap instead of Td at least once in their lifetime
Varicella	All adults	Screen & if no history or serological evidence – immunize – 2 doses over the age of 13

NOTE:

Interruption of a vaccine series does not require restarting the series, regardless of the length of time elapsed since the last dose. Please consult the Health Protection Unit, Department of Health and Social Services.

1. HEPATITIS B

The vaccine is used directly as an intramuscular injection as supplied. All infants in the NWT are eligible for this immunization program

NOTE: Infants born to mothers who are HBsAG positive should be given post-exposure prophylaxis which includes: 0.5 ml of HBIG and 0.5 ml HBV vaccine immediately after birth, both administered intramuscularly at different sites. The second and third dose 0.5 ml of the vaccine series will be given at 1 & 6 months of age.

Thimerosal Free (TMF) Vaccine is to be used for Hepatitis B infant series.

For **OTHER** categories, see NWT Hepatitis B Immunization Program.

2. BCG

BCG is recommended for all infants from high-risk communities or families. BCG vaccination should occur as soon as possible after birth. Eligible infants who were not given BCG before the age of 6 weeks should have a tuberculin test before vaccination, unless only recently arrived from the hospital (e.g. Premature infants).

3. DIPHTHERIA, PERTUSSIS, TETANUS AND POLIO

DaPT Polio, DT, TD polio and TD are absorbed products and must be given intramuscularly.

♣ The 4 – 6 years of age (5th) dose of DaPT in Tables 1 and 2 is not necessary if the preceding (4th) dose was given after the 4th birthday.

♦ The polio vaccine booster dose at age 14 –16 years is **not** routinely required if the child has completed a primary series. A check for Hepatitis B vaccine status should be done to ensure completion of vaccine series.

♠ Tdap replaced Td in October 2000, to be given to 14 – 16 year olds and one booster in adulthood.

4. CHICKEN POX (VARICELLA) VACCINE

♥This program started September 1, 2001, and is to be given with MMR at a separate site, or 28 days after any live vaccine.

Varicella catch up for all children less than 5 years of age started May 01, 2002.

Varicella screening and catch up program for all grade 9 students October 1, 2005

5. MENINGOCOCCAL C VACCINE

Meningococcal C Vaccine (Men-C) started September 1, 2004, to be given to infants at 2 and 12 months (table 1).

Mass Men-C immunization for 1 to 19 year olds completed June 2004.

6. MEASLES, MUMPS AND RUBELLA

The regular schedule now includes 2 doses of MMR, given at least 3 months apart. Adults born after 1970 without evidence of immunity against these 3 diseases should receive MMR. All women of reproductive age without evidence of rubella immunity should receive MMR vaccine. A check of MMR vaccine status should be done at school entry (age 4 – 5) to ensure the 2 doses have been given.

7. PNEUMOCOCCAL CONJUGATE (PCV – 7)

Pneumococcal Conjugate (PCV – 7) Program starting January 2006.

* Second dose not required if started after 2 years of age

Detailed information is available in the:

- **Manufacturer's product leaflets**
- **"Canadian Immunization Guide," 6th Edition, 2002, Health Canada.**
- **Multiple Injection Video, Population Health, HSS**