

Standard 3.3 – Eligibility Criteria for Publicly Funded Vaccines/Biologics

The Biologics and Genetic Therapies Directorate of Health Canada is the regulatory authority which approves vaccines for use in Canada. Although health care providers may use a product once approved for use, each province and territory decides if and how the vaccine will be used in the publicly funded program. Publicly funded vaccines in New Brunswick are provided through the routine childhood and adult schedules, targeted programs for high risk individuals and for communicable disease follow-up.

Vaccines required to meet third party demands such as educational, occupational or travel requirements, are not provided through the publicly funded program. Vaccines and biologics are not routinely provided through the publicly funded program to visitors or temporary residents of New Brunswick; however the eligibility criteria may be subject to change in certain circumstances. A decision regarding immunization of non-residents is to be made in consultation with the Medical Officer of Health. See Policy 2.2 Eligibility Criteria for Publicly Funded Vaccines and Biologics.

The following table outlines the eligibility criteria for publicly funded vaccines in New Brunswick. The distribution of vaccines occurs through the Central Serum Depot and a series of Serum Sub Depots located throughout the province. The NB eligibility criteria for all routine immunization programs are established by **date of birth** (i.e. childhood, school-based, adult immunization programs). The eligibility criteria may change based on evolving epidemiology or other circumstances.

Individuals eligible to receive the following vaccines and biologics at no charge are listed below:

Active Immunizing Agents
Diphtheria, Tetanus, Acellular Pertussis, Polio (DTaP-IPV)
<ul style="list-style-type: none"> Routine immunization of children < 7 years of age needing a primary series or booster dose(s).
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Haemophilus influenza type b (DTaP-IPV-Hib)
<ul style="list-style-type: none"> Routine immunization of children < 5 years of age needing a primary series or booster dose(s).
Haemophilus influenza type b (Hib)
<ul style="list-style-type: none"> Children < 5 years of age needing a primary series or booster dose (normally received as a part of combination vaccine); All individuals ≥ 5 years of age, not previously immunized and with health conditions that place them at greater risk of Hib (please see table #2).
Hepatitis A (HA)
<ul style="list-style-type: none"> Post exposure prophylaxis (1 dose) AND in consultation with the Regional Medical Officer of Health (RMOH); Individuals with health conditions or circumstances that place them at greater risk of HA (please see table #2).

Hepatitis B (HB)

- Routine immunization of infants and children and individuals born 1986 and later requiring primary immunization;
- Household and/or sexual contacts of persons with acute and chronic HBV infection, **AND** in consultation with the RMOH;
- Individuals with health conditions or circumstances that place them at greater risk of HB (please see table #2).

Hepatitis A and B (HAHB)

- Individuals who are Hepatitis C seropositive and:
 - have no evidence of immunity from previous hepatitis A or B infection or HA or HB vaccine¹.
 - Illicit drug use and:
 - have no evidence of immunity from previous hepatitis A or B infection or HA or HB vaccine¹.
- ¹ Testing is not required but if known, should be considered.
- Individuals with health conditions or circumstances that place them at greater risk of HA and HB (please see table #2).

Human Papillomavirus (HPV)

- Grade 7 females or those born in 1995 and later until they reach the age of 27 years of age;
- Grade 7 males or those born in 2005 or later until they reach the age of 27 years of age;
- For students currently attending grade 7: this vaccine should be obtained through local Public Health;
- For all other eligible individuals: order vaccine from Central Serum Depot.

Inactivated Polio (IPV)

- Routine immunization of children less than 18 years of age;
- Adults with an incomplete childhood series.

Influenza (Inf)

- Adults and children with chronic health conditions:
 - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma);
 - diabetes mellitus and other metabolic diseases;
 - cancer, immune compromising conditions (due to underlying disease and/or therapy);
 - renal disease;
 - anemia or hemoglobinopathy;
 - neurologic or neurodevelopment conditions. These include seizure disorders, febrile seizures and isolated developmental delay in children and neuromuscular, neurovascular, neurodegenerative, neurodevelopmental conditions and seizure disorders in adults, but excludes migraines and neuropsychiatric conditions without neurological conditions;
 - conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration;
 - morbid obesity (BMI \geq 40); and
 - children and adolescents (ages 6 months to 18 years) undergoing treatment for long periods with acetylsalicylic acid, because of the potential increase of Reye's syndrome associated with influenza.
- People of any age who are residents of nursing homes and other chronic care facilities.
- People \geq 65 years of age.
- Healthy children 6 months to 18 years of age.
- Pregnant women.
- Aboriginal people.
- Those in direct contact with poultry infected with avian influenza during culling operations.
- People capable of transmitting influenza to those at high risk:
 - household contacts (adults and children) of individuals at high risk of influenza-related complications (whether or not the individual at high risk has been immunized), as listed in first bullet;
 - household contacts of infants <6 months of age;
 - household contacts of children 6 months to 59 months; and
 - members of a household expecting a newborn during the influenza season.

Measles, Mumps and Rubella (MMR) See also MMRV

- Routine immunization of infants and children born in 1995 or later who have not previously received two doses of an MMR;
- Immunization of adults born in 1970 or later who have not previously received two doses of MMR.

Measles, Mumps Rubella and Varicella (MMRV)
See also MMR and Var

- Routine immunization of children born in 2009 or later who have not previously received two doses of the combined measles, mumps and rubella vaccine (MMR) AND two doses of the univalent varicella vaccine (two doses);
- Routine immunization of children born 2000-2008 who have previously received one dose of the combined measles, mumps and rubella vaccine (MMR), **BUT** have not received any doses of the univalent varicella vaccine (one dose).

NOTE: A self-reported history and/or a health care provider diagnosis of varicella disease occurring before 2004 are considered a reliable correlate of immunity. If varicella disease occurred on or after 2004, neither a self-reported history nor health care provider diagnosis can be considered a reliable correlate of immunity; a laboratory confirmed diagnosis of varicella/ herpes zoster is necessary for individuals experiencing varicella disease on or after 2004.

Meningococcal B

- Individuals greater than or equal to 2 months of age that have been in close contact with a case of invasive meningococcal disease (IMD) caused by serogroup B *Neisseria meningitidis*;
- Individuals with health conditions or circumstances that place them at greater risk of invasive meningococcal disease (IMD) caused by serogroup B *Neisseria meningitidis*. (please see table #2).

Meningococcal Conjugate C (Men C-C)

- Children born in 2003 and later;
- Individuals with the health conditions who cannot receive Men-C-ACWY vaccine (please see table #2);
- Close contacts of a case of invasive meningococcal C disease, **AND** in consultation with the RMOH.

Meningococcal Conjugate (Men-C-ACYW-135)

- Grade 9 students: this vaccine should be obtained through local Public Health;
- Those who were not immunized in grade 9 are eligible to receive the vaccine until they reach the age of 25 years. For those: order vaccine from Central Serum Depot;
- Close contacts of a case of invasive meningococcal ACYW-135 disease, **AND** in consultation with the RMOH;
- Individuals with the health conditions listed in table #2. For high risk groups, a booster dose should be given every 3 to 5 years if vaccinated at 6 years of age or younger and every 5 years for those vaccinated at 7 years of age and older.
- **NOTE:** Men-C-ACYW-135 vaccines are not authorized for use in those 56 years of age and older; however, based on limited evidence and expert opinion its use is considered appropriate.

Pneumococcal Conjugate (Pneu-C-13)

- Routine immunization of children under 5 years of age needing a primary series and/or booster dose. For healthy infants, a 3-dose schedule is recommended. A 4-dose schedule is recommended for immunization of infants at high risk of IPD (refer to *Canadian Immunization Guide*);
- **NOTE:** The number of doses required to complete a vaccination series for children with interrupted or incomplete schedules varies with the age of the child (refer to *Canadian Immunization Guide*);
- Children and adolescents (5-17 years of age) at high risk of IPD and who have not previously received Pneu-C-13 vaccine (please see table #2);
- Children up to 18 years of age with asthma who have not previously received Pneu-C-13 vaccine (please see table #2);
- Hematopoietic stem cell transplant recipients (HSCT), adults with human immunodeficiency virus (HIV) or immunosuppressive conditions who have not previously received Pneu-C-13 vaccine (please see table #2).

Pneumococcal Polysaccharide (Pneu-P-23)

- All individuals ≥ 65 years of age, regardless of risk factors or previous pneumococcal vaccination;
 - Individuals newly admitted to a long term care facility;
 - All individuals ≥ 2 years of age, not previously immunized and with health conditions that place them at greater risk of IPD (please see table #2).
- NOTE:** Re-immunization of individuals at highest risk of developing IPD, (i.e. those who are likely to have a rapid decline in antibody levels as seen in sickle cell disease, HIV, nephrotic syndrome, immunosuppression related to disease or therapy, and asplenia), can be considered for a **single re-immunization**. Please refer to the *Canadian Immunization Guide* for detailed information on the timing of this dose.

Rabies (Rab)

Post-exposure:

- Provided to individuals determined to be at risk as a result of an exposure to a potentially rabid animal as per the NB Rabies Management Protocol;
- May be used in conjunction with Rablg (see information on Rablg in the section on Passive Immunizing Agents on page 7).

Rotavirus

- Routine immunization of infants born 2017 and later who meet the following age requirements: under 15 weeks of age for 1st dose and under 8 months of age for third dose.

Tetanus, Diphtheria, Acellular Pertussis (Tdap)

- Grade 7 students;
- Children ≥ 7 requiring primary immunization as per the most recent edition of the CIG;
- Adults requiring primary immunization (1 dose) as per the most recent edition of the CIG;
- Adults requiring pertussis booster (1 dose) as per the most recent edition of the CIG;
- Women during each pregnancy as per the most recent edition of the CIG.

Tetanus, Diphtheria, Acellular Pertussis Inactivated Polio (Tdap-IPV)

- Routine preschool booster for children < 7 years.

Tetanus and Diphtheria (Td)

- Adults requiring a primary series or booster dose(s) as per the most recent edition of the CIG.

Varicella (Var) See also MMRV

For the 2015\16 school year, students in Grades 9 & 10 born in 2000 and 2001 will be eligible to receive 1 or 2 doses of varicella vaccine:

- 1 dose - If unreliable or no reported history of disease, and previously immunized with a univalent varicella vaccine or a combined measles, mumps, rubella, and varicella (MMRV) vaccine.
- 2 doses - If unreliable or no reported history of disease, and not previously immunized with a univalent varicella vaccine or a combined measles, mumps, rubella, and varicella (MMRV) vaccine.

For the school years 2016/17 to 2022/23, grade 9 students born in 2002-2008 will be eligible.

NOTE: A self-reported history and/or a health care provider diagnosis of varicella disease occurring before 2004 are considered a reliable correlate of immunity. If varicella disease occurred on or after 2004, neither a self-reported history nor health care provider diagnosis can be considered a reliable correlate of immunity; a laboratory confirmed diagnosis of varicella/ herpes zoster is necessary for individuals experiencing varicella disease on or after 2004.

Passive Immunizing Agents

Botulism Antitoxin (BAtx)

- Used therapeutically for patients with established or suspected botulism;
- Used for prophylaxis in asymptomatic people strongly suspected of having eaten food contaminated with botulism toxin **AND** in consultation with the OCMOH through the RMOH.

Diphtheria Antitoxin (DATx)

- Used when there is clinical suspicion of diphtheria **AND** in consultation with the OCMOH through the RMOH.

Hepatitis B Immunoglobulin (HBIG)

- Susceptible individuals with percutaneous or mucosal exposure to blood or other infectious body fluids containing hepatitis B virus;
- Susceptible individuals who are sexual contacts of case with an acute case of hepatitis B **AND** in consultation with the RMOH;
- Infants born to mothers with acute or chronic hepatitis B infection.

Rabies Immunoglobulin (RabIg)

Post-exposure:

- Provided to individuals determined to be at risk as a result of an exposure to a potentially rabid animal as per the NB Rabies Management Protocol;
- Used in conjunction with Rab (rabies vaccine).

Other Products

Tuberculin (PPD/PPD-T)

- Persons of any age with risk factors for infection, reactivation and development of active tuberculosis (TB) as per the Canadian TB Standards;
- Persons with a history of active TB or with radiographic findings suggestive of past TB who have **NOT** received adequate therapy;
- Close contacts of individuals with known or suspected active TB;
- Foreign born persons referred for medical surveillance by Immigration, Refugees, and Citizenship Canada (IRCC);
- Children <15 years who have lived in a country of high TB incidence and have immigrated to Canada within the previous 2 years (includes children adopted from these countries);
- Persons ≥15 years who have lived in a country with high TB incidence, have emigrated within the previous 2 years and have either been living with or in known contact with a TB case in the past;
- Residents of long term care facilities and inmates of correctional facilities as indicated by local epidemiology **AND** in consultation with the RMOH.

**Table #2: Vaccine Eligibility Criteria for High Risk Individuals
(In Addition to Routine Immunization Schedule)**

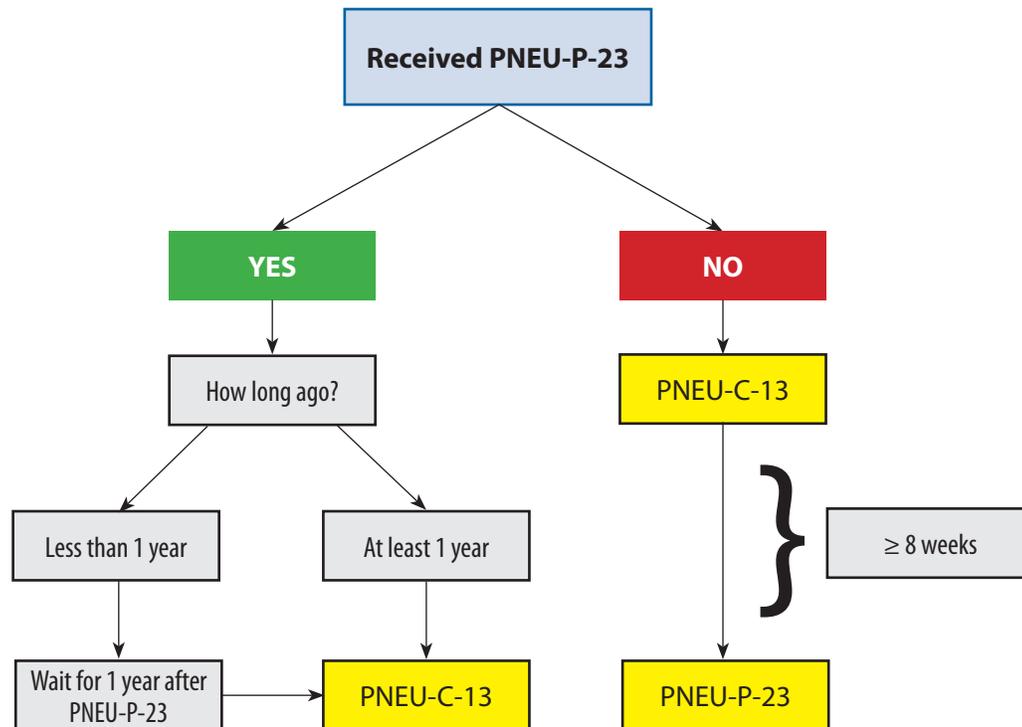
Condition	Vaccine											
	DTaP-IPV-Hib	Pneu-P-23		Pneu-C-13 ¹¹		Men-C-ACYW-135	Hib	HB	HA	Men B	MMR	Var
		Adult	Children ≥ 2 years	Adult	Children							
Immune-Suppressing Conditions												
Cancers		X ⁴	X ⁴	X ⁴	X ⁴		X ⁵					X ^{3,5}
Congenital Immunodeficiency		X ⁴	X ⁴	X ⁴	X ⁴	X ¹	X	X ¹²		X	X ³	X ³
Hematopoietic Stem Cell Transplant ⁸	X	X ⁴	X ⁴	X ⁴	X ⁴	X ¹	X	X ¹²		X	X ³	X ³
HIV		X ⁴	X ⁴	X ⁴	X ⁴	X ¹	X	X ¹²		X	X ³	X ³
Immunosuppressive Therapy		X ⁴	X ⁴	X ⁴	X ⁴	X ^{1,6}				X ⁶	X ^{3,9}	X ^{3,9}
Solid Organ Transplant		X ⁴	X ⁴	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 ⁴	X ⁴	X ¹	X	X ⁷	X ⁷	X	X	X
Medical Conditions												
Chronic Cerebrospinal Fluid Leak		X	X ⁴		X ⁴							
Chronic Liver Disease (including hepatitis C, chronic hepatitis B, and other diseases)		X	X ⁴		X ⁴			X	X			
Chronic Lung Disease (including asthma for up to 18 years of age)		X	X ⁴		X ⁴							
Chronic Neurological Conditions ¹⁰		X	X ⁴		X ⁴							
Chronic Renal Disease and Dialysis		X	X ⁴		X ⁴			X ¹²				X
Cochlear Implant		X	X ⁴		X ⁴		X					
Diabetes and other Metabolic Diseases		X	X ⁴		X ⁴							
Heart Disease and Stroke		X	X ⁴		X ⁴							
Hemophilia, Bleeding Disorders (multiple blood or plasma/component transfusions)								X	X			
Cystic Fibrosis		X	X ⁴		X ⁴							X
Chronic salicylic acid therapy												X ³
Other												
Age 65 years or older			X									
Homelessness			X									
Illicit drug use			X					X	X			
Alcoholism			X									
MSM - men having sex with men								X	X			
Newly admitted to institutions for developmentally challenged								X				
Residents of long-term care facilities			X									

Footnotes:

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 and as determined by their health care provider (if pre-requisite conditions allow).
4. Where both Pneu-C-13 and Pneu-P-23 vaccines are indicated, give one dose of Pneu-C-13 first, followed by one dose of Pneu-P-23 at least eight weeks later. Pneu-C-13 vaccine should be administered at least 1 year after any previous dose of Pneu-P-23.
5. Malignant hematologic disorders only e.g. leukemia, lymphomas.
6. Only persons with acquired complement deficiency due to receipt of the terminal complement inhibitor eculizumab (Soliris).
7. Recommend for conditions requiring repeated transfusions (e.g. sickle cell disease).
8. Hematopoietic Stem Cell Transplant (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).
12. Immunization with a higher dose of monovalent hepatitis B vaccine is recommended e.g. Recombivax Dialysis.

Pneumococcal Vaccination Guide for Health Care Professionals

Administration of both 23-valent pneumococcal polysaccharide vaccine (Pneu-P-23) and 13-valent pneumococcal conjugate vaccine (Pneu-C-13)



Adults (19 years and older) with medical conditions listed in Table 2 and eligible for both Pneu-P-23 and Pneu-C-13:

- Adults with eligible medical conditions who have never received a pneumococcal vaccine should receive one dose of Pneu-C-13 first, followed by one dose of Pneu-P-23 at least eight weeks later. Adults with eligible medical conditions and previously vaccinated with pneumococcal polysaccharide vaccine (Pneu-P-23) should be given a dose of Pneu-C-13 at least one year after the last dose of Pneu-P-23.
- Hematopoietic stem cell transplant recipients (HSCT) are eligible to receive 3 doses of Pneu-C-13 as per recommendations of specialist.

Infants and children with medical conditions listed in Table 2 and eligible for both Pneu-P-23 and Pneu-C-13:

- Infants with eligible medical conditions should receive a 4-dose schedule of Pneu-C-13, if age of presentation for immunization is between 2-6 months (children less than 24 months of age are not eligible for Pneu-P-23).
- Children (24 months of age and older) and adolescents with eligible medical conditions who have never received a pneumococcal vaccine should receive one dose of Pneu-C-13 first, followed by one dose of Pneu-P-23 eight weeks later. Children up to 18 years of age with asthma should receive Pneu-C-13.

Note: Revaccination with PNEU-P-23 after five years is a one-time event for specific medical conditions listed in Table 2 (i.e. splenic disorders, chronic renal or hepatic disease, immunocompromising conditions). For those who require an additional dose of Pneu-P-23, it should be given at least eight weeks after Pneu-C-13 and at least five years after the most recent dose of Pneu-P-23.