Publicly Funded Immunization Schedules for Ontario – August 2011

Publicly funded vaccines may be provided only to eligible persons and must be free of charge.

### SCHEDULE 1. Routine Schedule for Children Beginning Immunization in Early Infancy (Starting at 2 months of age)

<table>
<thead>
<tr>
<th>Age at vaccination:</th>
<th>DTPa-IPV-Boost-Hib</th>
<th>Pneu-C-13</th>
<th>Rot-1</th>
<th>Men-C-ACYW</th>
<th>MMR</th>
<th>Var</th>
<th>MMRV</th>
<th>Men-C-ACYW</th>
<th>Hib</th>
<th>HPV-4</th>
<th>Tdap</th>
<th>Inf</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months old</td>
<td></td>
<td></td>
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<td>Inf</td>
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<tr>
<td>4 months old</td>
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<td>Inf</td>
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<tr>
<td>6 months old</td>
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<td></td>
<td></td>
<td>Inf</td>
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<tr>
<td>12 months old</td>
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<td>Inf</td>
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<tr>
<td>15 months old</td>
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<td>Inf</td>
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<tr>
<td>18 months old</td>
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<td></td>
<td></td>
<td></td>
<td>Inf</td>
</tr>
<tr>
<td>2 years old</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Grade 7 students</td>
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<tr>
<td>Grade 9 students</td>
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<td></td>
<td></td>
<td>Inf</td>
</tr>
</tbody>
</table>

**Notes:**
- High risk: For high risk eligibility criteria, please see Notes.
- Catch-up: For catch-up schedules, please refer to Schedules 2 and 3.
- Intermittent administration of a vaccine series does not require restarting the series, regardless of the length of time elapsed since the last dose.
- Up to date immunization records or valid exemptions are required for attendance at school (Board of Education of School Board Act) and licensed day care centres (Day Care ACT's Act) in Ontario.
- Vaccine Administration:
  - Never mix and administer different vaccines together in the same syringe unless indicated in the product monograph.

For vaccines not publicly funded, please refer to NACI statements, and the individual product monographs for indications and usage.

Refer to the Canadian Immunization Guide (CIG), 7th edition (2006) (or as current) for additional information regarding recommendations for immunocompromised individuals.

For vaccines not publicly funded, please refer to NACI statements, and the individual product monographs for indications and usage.

For more information and to report adverse events following immunization (AEFIs) contact your local public health unit at:


**Health Protection and Promotion Act**

A physician, a member of the College of Nurses of Ontario or a member of the Ontario College of Pharmacists who, while providing professional services to a person, recognizes the presence of a reportable event and forms the opinion that it may be related to the administration of an immunizing agent shall, within seven days after recognizing the reportable event, report thereon to the medical officer of health of the health unit where the professional services are provided.


For more information to report adverse events following immunization (AEFIs) contact your local public health unit at:

Visit [www.health.gov.on.ca](http://www.health.gov.on.ca) or call 1-800-766-9199 to find your local public health unit.

### References:
- National Advisory Committee on Immunization. Statement on Seasonal Trivalent Inactivated Influenza Vaccine (TIV) for 2010-2011, CCIDR, Volume 36, AC5-6, August 2010

**Notes:**
- Children aged 15 months or older who are at least 5 years of age should receive 1 dose of DTaP-IPV. The 2nd dose of MMR vaccine should be given on or after the 1st birthday. The 2nd dose of MMR vaccines should be given as MMRV at 4-6 years of age.

### Additional Notes:
- MMRV is a live vaccine. MMRV and varicella must be given 2 months apart and MMR and MMRV must be given 6 weeks apart.
- Meningococcal Conjugate ACYW-135 Vaccine (Men-ACYW)
  - Routine: Students in grade 7 may be eligible to receive a single dose of Men-ACYW.
  - Catch-up: Since 2003, students who were eligible for grade 7 and have not yet received the vaccine remain eligible for a single dose of Men-ACYW.
- Timetable for publicly funded vaccines for Ontario – August 2011

**Notes:**
- Hib: 2-dose schedule for grade 7 students, given 4-6 months apart depending on product used.
- Tdap: Age 7 students who missed 1 or both doses of Hib is eligible to complete the series by the end of Grade 9.
- Pneumococcal Conjugate Vaccine (PCV-13)
  - Rutined: Children aged 15 months or older should receive 1 dose of DTaP-IPV. The 2nd dose of MMR vaccine should be given on or after the 1st birthday. The 2nd dose of MMR vaccines should be given as MMRV at 4-6 years of age.
  - Catch-up: Children 7-11 years of age who have not received any doses of MMR or varicella may receive 2 doses of MMRV.

**Notes:**
- Acute Hepatitis B Vaccine (HBV)
  - Routine: 2-dose schedule for grade 7 students, given 4-6 months apart depending on product used.
  - Catch-up: Any Grade 7 student who missed 1 or both doses of HBV is eligible to complete the series by the end of Grade 9.
- Pneumococcal Conjugate Vaccine (PCV-13)
  - Routine: Children aged 15 months or older who are at least 5 years of age should receive 1 dose of DTaP-IPV. The 2nd dose of MMR vaccine should be given on or after the 1st birthday. The 2nd dose of MMR vaccines should be given as MMRV at 4-6 years of age.
  - Catch-up: Children 7-11 years of age who have not received any doses of MMR or varicella may receive 2 doses of MMRV.

**Notes:**
- Human Papillomavirus Vaccine (HPV-4)
  - Routine: All female Grade 9 students receive 3 doses from ages 11-12.
  - Catch-up: One time catch-up for 2010 school year only: Female students who received at least 1 dose of HPV-4 in their Grade 8 year before the 1st day of grade 9 may complete the series in Grade 9.
- Diphtheria, Tetanus and Acellular Pertussis Vaccine (Tdap)/Inactivated Poliovirus Vaccine (IPV)
  - Routine: A single dose of Tdap is recommended for all adolescents between the ages of 14-16 years old.
  - Catch-up: Adolescents between the ages of 14-16 years old who have not received 1 dose of Tdap plus IPV (2 doses) are eligible to receive 1 dose of MMR.

**Notes:**
- Meningococcal Conjugate Vaccine (Men-ACYW)
  - Routine: Children aged 15 months or older who are at least 5 years of age should receive 1 dose of DTaP-IPV. The 2nd dose of MMR vaccine should be given on or after the 1st birthday. The 2nd dose of MMR vaccines should be given as MMRV at 4-6 years of age.
  - Catch-up: Children 7-11 years of age who have not received any doses of MMR or varicella may receive 2 doses of MMRV.

**Notes:**
- Measles, Mumps, Rubella, Varicella Vaccine (MMRV)
  - Routine: 1 dose of MMR at 12 months, 1 dose of Var at 15 months and 1 dose of MMR at 4-6 years of age (preferably prior to school).
  - Catch-up: Children 7-11 years of age who have not received any doses of MMR or varicella may receive 2 doses of MMRV.

**Notes:**
- Influenza Vaccine (Inf)
  - Routine: 1 dose of seasonal influenza vaccine is recommended annually for people 6 months and older who live, work or attend school in Ontario are eligible to receive seasonal influenza vaccine.
  - Previously unimmunized children 6 months to <5 years of age require 2 doses of inactivated influenza vaccine (TIV) given 8 weeks apart. Children ≥5 years of age who have received 1 or more doses of TIV are recommended to receive 1 dose per season thereafter.
The Pneu-C-13 booster dose should be given at least 2 months after the final dose of the primary series.

Health care workers should receive 2 doses of IPV (4–8 weeks apart) with a 3rd dose after 6 months. Depending on immune status and age of adult, dose may not be needed. Unimmunized adults or those with unknown polio immunization history who may be exposed to imported wild polio cases and travel to endemic or epidemic areas may receive 2 doses of IPV at least 8 weeks apart. Depending on age of child, dose may not be needed. If 4th dose of DTaP-IPV is given on or after the 4th birthday, the 4-6 year old booster dose is not needed. Children born before 1999 should receive Hib-C, ICC and OPV. Previously unimmunized children <5 years of age receive 3 doses of Hib at 0, 1, and 5 months.

The Hib booster dose should be given at least 2 months after the previous dose.

The Hib booster dose should be given at least 2 months after the previous dose.

Every year (in autumn)

<table>
<thead>
<tr>
<th>Timing</th>
<th>Primary series</th>
<th>Age at Booster dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥12 years</td>
<td>Three doses, 2 months apart</td>
<td>6–12 months</td>
</tr>
<tr>
<td>12 months–12 years</td>
<td>Two doses, 3 months apart</td>
<td>15 months</td>
</tr>
</tbody>
</table>

The Pneu-P-23 booster dose should be given at least 2 months after the previous dose.

The Pneu-P-23 booster dose should be given at least 2 months after the previous dose.

Table 1: Detailed schedule for Haemophilus influenzae type b Conjugate vaccine

<table>
<thead>
<tr>
<th>Age at first dose</th>
<th>Primary series</th>
<th>Age at Booster dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–6 months</td>
<td>3 doses, 2 months apart</td>
<td>15 to 18 months</td>
</tr>
<tr>
<td>7–11 months</td>
<td>2 doses, 2 months apart</td>
<td>15 to 18 months</td>
</tr>
<tr>
<td>12 months</td>
<td>1 dose</td>
<td>15 to 18 months</td>
</tr>
<tr>
<td>15–59 months</td>
<td>1 dose</td>
<td>None</td>
</tr>
</tbody>
</table>

Note: In children 12 months of age, at high risk of invasive pneumococcal disease, should also receive a dose of Pneu-P-23 at least 8 weeks after the Pneu-C-13.

Vaccine:

1. Pneumococcal Conjugate Vaccine: All children <5 years of age should be vaccinated with Pneu-C-13 vaccine as per Schedule 1 and 2.

2. Pneumococcal Polysaccharide Vaccine: For children ≥5 years old, the Pneu-P-23 vaccine should be given at least 8 weeks after the Pneu-C-13 vaccine. All persons ≥2 years of age with the medical conditions listed below should receive one dose of the Pneu-P-23 vaccine:

- Chronic respiratory disease (including asthma, except those treated with high-dose corticosteroids)
- Chronic cardiovascular disease
- Chronic liver disease (including hepatitis B and C, and hepatic cirrhosis due to any cause)
- Chronic renal disease, including nephrotic syndromes
- Diabetes mellitus
- Severe, uncontrolled fungal or bacterial infection
- Chronic neurologic condition that may impair clearance of oral secretions
- Bacterial (staphylococcal or staphylococcal, systemic) infections, multi-organ disease, and other illnesses treated with immunosuppressive therapy
- Primary immune deficiencies
- Complement abnormalities resulting in part of the immune system, including Complement hemangiopathy, hemophagocytic lymphohistiocytosis, Thrombocytopenic (collagen, or factor D) deficiencies, or other immune functions
- Other conditions associated with immunosuppression (e.g., malignancy, nephrotic syndrome, including nephrosis and lupus
- Immunosuppressive therapy including use of long-term systemic corticosteroids, radiation therapy, post-organ transplant therapy, certain antiretroviral drugs and other immunosuppressive therapy
- HIV infection
- Hematopoietic stem cell transplant recipients (conditioned or recipient)
- Solid organ or bone marrow transplant recipients (conditioned or recipient)
- Cockpit implant recipients (prior implant)

Table 2: Detailed schedule for Pneumococcal Conjugate-13 vaccine depending on age at first dose

<table>
<thead>
<tr>
<th>Age at first dose</th>
<th>Primary series</th>
<th>Age at Booster dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–6 months</td>
<td>3 doses, 2 months apart</td>
<td>12 months</td>
</tr>
<tr>
<td>7–11 months</td>
<td>2 doses, 2 months apart</td>
<td>12 to 15 months</td>
</tr>
<tr>
<td>12–23 months</td>
<td>2 doses, 2 months apart</td>
<td>None</td>
</tr>
<tr>
<td>24–59 months</td>
<td>1 dose</td>
<td>None</td>
</tr>
</tbody>
</table>

Note: Children should receive Men-C-ACWY at least 1 month from receiving Men-CV vaccine.

Criteria for Reimmunization

- 1 dose after 5 years for those ≥11 years of age or older at the time of initial immunization

- 2 doses, 3 months apart

- 1 dose after 10 years for those ≥11 years of age or less at the time of initial immunization

Table 3: Detailed high-risk schedule for Pneumococcal conjugate-13 vaccine depending on age at first dose

<table>
<thead>
<tr>
<th>Age at first dose</th>
<th>Primary series</th>
<th>Age at Booster dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–6 months</td>
<td>3 doses, 2 months apart</td>
<td>15 months</td>
</tr>
<tr>
<td>7–11 months</td>
<td>2 doses, 2 months apart</td>
<td>15 months</td>
</tr>
<tr>
<td>12–23 months</td>
<td>2 doses, 2 months apart</td>
<td>None</td>
</tr>
<tr>
<td>24–59 months</td>
<td>1 dose</td>
<td>None</td>
</tr>
</tbody>
</table>

Note: Children at ≤2 years of age, at high risk of invasive pneumococcal disease, should also receive a dose of Pneu-P-23 at least 8 weeks after the Pneu-C-13.

Table 4: Detailed schedule for Varicella vaccine for high-risk persons depending on age

<table>
<thead>
<tr>
<th>Age at first dose</th>
<th>Number of doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months–12 years</td>
<td>2 doses, 3 months apart</td>
</tr>
<tr>
<td>13 years and older</td>
<td>2 doses, 1 month apart</td>
</tr>
</tbody>
</table>

Note: Post exposure immunization with hepatitis A vaccine, consult with your local public health unit on the appropriate requirements based on age and immunization history.

Table 5: Reimmunization with Pneumococcal polysaccharide vaccine

Criteria for Reimmunization

- 1 dose after 5 years for those ≥11 years of age or older at the time of initial immunization

- 2 doses, 3 months apart

- 1 dose after 10 years for those ≥11 years of age or less at the time of initial immunization

Table 6: Oral poliovirus vaccine schedule

Criteria for reimmunization

- 1 dose after 5 years for those ≥11 years of age or older at the time of initial immunization

- 2 doses, 3 months apart

- 1 dose after 10 years for those ≥11 years of age or less at the time of initial immunization

C. Meningococcal Polysaccharide ACWY-135 Vaccine (>35 yrs)

1. Persons with chronic liver disease including hepatitis B or C.
2. Persons with complement, propofol or factor D deficiency.
3. Cockpit implant recipients (prior implant).

Vaccine

1. Susceptible children and adolescents given chronic salicylate therapy (consider stopping treatment for 4 weeks after vaccination, see product monograph).
2. All persons with ciprofloxacin.
3. Susceptible household contacts of immunocompromised persons.
4. Susceptible persons receiving low-dose steroid therapy or infliximab/rituximab therapies.
5. Immunocompromised persons (>35 yrs old) or ≤18 yrs old (or as current) for varicella vaccination recommended as specified in varicella immunocompromised conditions.

For the recommended number of doses for susceptible high-risk persons, see CIG, 7th ed.

Hepatitis B Vaccine

1. Infants born to HVB-positive carrier mothers.
2. Household and sexual contacts of chronic carrier and acute cases.
3. Persons on renal dialysis and those with diseases requiring frequent receipt of blood products (e.g., hemophilia, second and third doses only).
4. Persons receiving liver transplants (second and third doses only).
5. Injection drug users.
6. Military personnel in service or faces with multiple sex partners, history of a sexually transmitted infection.
7. Those having had skin lesions in a non-health care setting.
8. Children ≤7 yrs old whose families have immigrated from countries of high prevalence for hepatitis B, and who may be exposed to hepatitis B carriers through their extended families.
9. Persons with chronic liver disease including hepatitis C.

Hepatitis A Vaccine

1. Persons with chronic liver disease (including hepatitis B and C).
2. Persons engaging in intravenous drug use.
3. Men who have sex with men.

Note: For post-exposure immunization with hepatitis A vaccine, consult with your local public health unit on the appropriate requirements based on age and immunization history.

Neuriphilus influenzae type b Vaccine

1. Persons with functional or anatomic asplenia.
2. Persons in high risk environments, including individuals who perform frequent exposure risk behavior (e.g., haemophilia, second and third doses only).
3. Injection drug users.
4. Those with multiple sex partners, history of a sexually transmitted infection.
5. Persons with chronic liver disease including hepatitis C.

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