



Communiqué

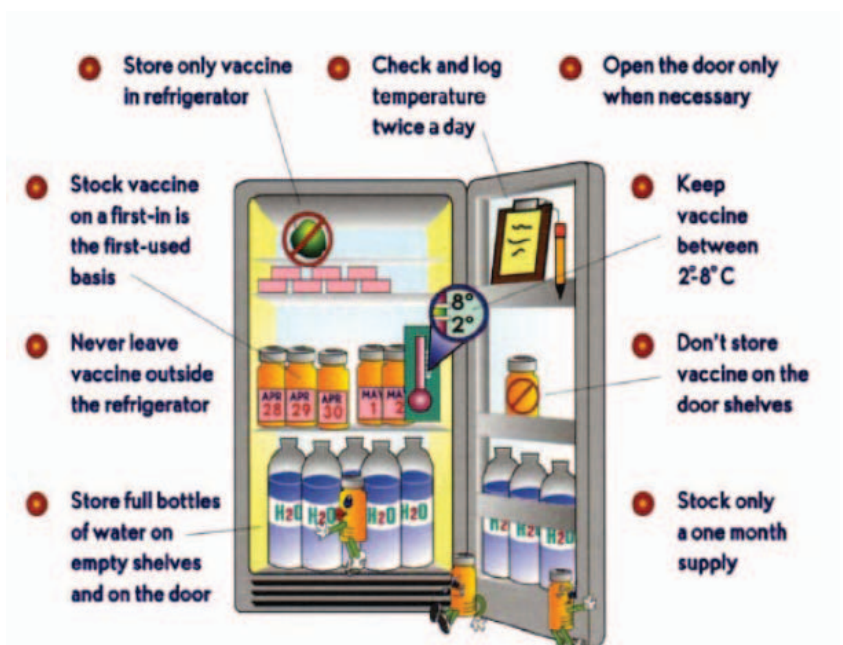
Cold Chain: Good Work Vaccine Wastage and Exposure has been steadily declining in Haldimand-Norfolk

As seen in the next chart, the amounts of vaccine wastage are steadily decreasing, as is the number of facility exposures. All facilities in Haldimand and Norfolk counties are to be commended on their vigilance and diligence in properly recording and reporting any variance in the temperatures of their vaccine fridges. By working together, we have seen a decrease by more than half the wastage since 2007. Each facility has a Vaccine Storage and Handling Guidelines (2006) from the Ministry of Health and Long Term Care which is an excellent reference guide. If you have any questions please call one of the public health nurses working in our Vaccine Preventable Disease Program.

Checking, Recording and Monitoring Required Refrigerator Temperatures

- Maintaining accurate and up-to-date documentation of refrigerator temperatures is necessary to maintain vaccine potency. This information will assist the public health unit in the assessment of cold chain exposures (determining the temperature variation and duration of exposure) should these occur. We will be able to determine whether any vaccine which has been exposed can still be used.
- Check and record the refrigerator temperatures twice daily (preferably at the beginning and end of the day) to make sure the vaccines you will be using have been stored at the right temperature, and have not been exposed to temperatures below +2° C or above +8° C.
- **Note:** A refrigerator that feels cold may range in temperature from -5° C to +15° C, a definite risk to vaccine potency. Accurate thermometer readings are necessary to determine whether the vaccines are being kept at the required temperature to maintain potency.

Year	Number of Exposures	Total Dollar Value of Vaccine Wastage
2010	11	\$28,687.69
2009	13	\$35,976.78
2008	32	\$56,672.02
2007	26	\$61,479.84



PREVNAR®13

Pevnar® 13 was approved in December 2009 and is publicly funded in Ontario for infants and children. Pevnar®13 is a 13-valent pneumococcal conjugate vaccine indicated in the active immunization against *Streptococcus pneumoniae*, serotypes 1, 3, 4, 5, 6A, 7F, 9V, 14, 19A, 19F and 23F, which are responsible for causing invasive pneumococcal disease (including sepsis, meningitis, bacteraemic pneumonia, pleural empyema, and bacteraemia).

The vaccine provides protection against 6 more serotypes (1, 3, 5, 6A, 7F and 19A), than the coverage provided by the Pevnar® (7 valent) vaccine and 3 more serotypes than the coverage provided by the Synflorix™ vaccine.

If a child had started their routine immunization with Pevnar®7 or Synflorix™, the series of pneumococcal conjugate should be completed with Pevnar®13. Children in Ontario are eligible for publicly funded pneumococcal conjugate vaccine from 2 months of age up to 59 months of age (< 5 years old). Below are included four tables indicating eligibility for routine, catch-up, low risk children who have not completed or started their series and high risk children who have not completed or started their series.

Any existing stock of Pevnar®7 or Synflorix™ should be returned to the Health Unit as non-reusable vaccine (not maintained under cold Chain)



Pevnar®13 Eligibility

Table 1: Routine Pneumococcal Conjugate Immunization

Eligible Age Cohort	Health Status	Recommended Doses of Pevnar® 13	Recommended Schedule
Starting at 2 months	Low risk (healthy with no medical conditions that increase the risk of IPD)	3 doses	2, 4 and 12 months of age
Starting at 2 months	High risk*	4 doses	2, 4, 6 and 15 months of age

Table 2: CATCH-UP Pneumococcal Conjugate Immunization

Eligible Age Cohort	Health Status	History of Pneumococcal Conjugate Vaccine	Recommended dose(s) of Prevnar [®] 13	Recommended schedule
2 months to 59 months (<5 years)	Low risk or High risk*	Any incomplete series with pneu-C-7 and/or pneu-C-10	1 to 3 doses depending on age at first dose	See Table 3 and Table 4 for schedules
12 months to 59 months (<5 years)	High risk*	Completed series with pneu-C-7 and/or pneu-C-10	1 catch-up dose	≥8 weeks after the last dose of pneumococcal conjugate vaccine
Eligible starting January 2011 - 2 years old or turning 2 years old in 2011	Low risk	Completed series with pneu-C-7 and/or pneu-C-10	1 catch-up dose	≥8 weeks after the last dose of Pneumococcal conjugate vaccine



Prevnar®13 Schedules

Table 3: Prevnar®13 schedule for **LOW RISK** children who have not completed or have not started their series

Child's Current Age	Vaccination History of Pneumococcal Conjugate Vaccine	Recommended Prevnar®13 Dose(s) Required to Complete Series
2 to 6 months	0 doses	1 st dose (now) 2 nd dose, ≥8 weeks after 1 st dose 3 rd dose, ≥8 weeks after 2 nd dose and ≥12 months of age
	1 dose (1 st dose)	2 nd dose, ≥8 weeks after 1 st dose 3 rd dose, ≥8 weeks after 2 nd dose and ≥12 months of age
	2 age-appropriate doses (1 st and 2 nd dose)	3 rd dose, ≥8 weeks after 2 nd dose and ≥12 months of age
7 to 11 months	0 doses	1 st dose (now) 2 nd dose, ≥8 weeks after 1 st dose 3 rd dose, ≥ 8 weeks after 2 nd dose and ≥12 months of age
	1 dose (1 st dose)	2 nd dose, ≥8 weeks after 1 st dose 3 rd dose, ≥8 weeks after 2 nd dose and ≥12 months of age
	2 doses (1 st and 2 nd dose)	3 rd dose, ≥8 weeks after 2 nd dose and ≥12 months of age
12 to 23 Months (< 2 years)	0 doses	1 st dose (now) 2 nd dose, ≥8 weeks after 1 st dose
	1 dose (1 st dose) at < 12 months of age	2 nd dose, ≥8 weeks after 1 st dose 3 rd dose, ≥8 weeks after 2 nd dose
	1 dose (1 st dose) at ≥ 12 months of age	2 nd dose, ≥8 weeks after 1 st dose
	1 dose(1 st dose) at < 12 months of age + 1 dose (2 nd dose) at ≥12 months of age	3 rd dose, ≥8 weeks after 2 nd dose
	2 or more doses at < 12 months of age	1 dose, ≥8 weeks after most recent dose
24 to 59 months (<5 years)	0 doses	1 dose, ≥8 weeks after most recent dose (if applicable)
	Any incomplete series	

Table 4: Prevnar®13 schedule for **HIGH RISK*** children who have not completed or have not started their series

Child's Current Age	Vaccination History of Pneumococcal Conjugate Vaccine	Recommended Prevnar®13 Dose(s) Required to Complete Series
2 to 6 months	0 doses	1st dose (now) 2nd dose, ≥8 weeks after 1st dose 3rd dose, ≥8 weeks after 2nd dose 4th dose, ≥8 weeks after 3rd dose and ≥ 15 months of age
	1 dose (1st dose)	2nd dose, ≥8 weeks after 1st dose 3rd dose, ≥8 weeks after 2nd dose and ≥ 12 months of age 4th dose, ≥8 weeks after 3rd dose and ≥ 15 months of age
	2 age-appropriate doses (1st and 2nd dose)	3rd dose, ≥8 weeks after 2nd dose 4th dose, ≥8 weeks after 3rd dose and ≥ 15 months of age
7 to 11 months	0 doses	1st dose (now) 2nd dose, ≥8 weeks after 1st dose 3rd dose, ≥ 8 weeks after 2nd dose and ≥15 months of age
	1 dose (1st dose)	2nd dose, ≥8 weeks after 1st dose 3rd dose, ≥8 weeks after 2nd dose and ≥15 months of age
	2 doses (1st and 2nd dose)	3rd dose, ≥8 weeks after 2nd dose and ≥15 months of age
12 to 23 Months (< 2 years)	0 doses	1st dose (now) 2nd dose, ≥8 weeks after 1st dose
	1 dose (1st dose) at < 12 months of age	2nd dose, ≥8 weeks after 1st dose 3rd dose, ≥8 weeks after 2nd dose
	1 dose (1st dose) at ≥ 12 months of age	2nd dose, ≥8 weeks after 1st dose
	1 dose (1st dose) at < 12 months of age + 1 dose (2nd dose) at ≥12 months of age	3rd dose, ≥8 weeks after 2nd dose
	2 or more doses at < 12 months of age	1 dose, ≥8 weeks after most recent dose
24 to 59 months (<5 years)	0 doses	1 dose, (now)
	Any incomplete series	2nd dose, ≥8 weeks after 1st dose
		1 dose, ≥8 weeks after most recent dose

* Medical conditions that increase an individual's risk for IPD:

- Chronic respiratory disease (excluding asthma, except those treated with high-dose corticosteroid therapy)
- Chronic cardiac disease conditions associated with
- Cirrhosis (malignancies, long-term systemic corticosteroids
- Chronic renal disease or nephrotic syndrome therapy)
- Diabetes mellitus
- Asplenia, splenic dysfunction, sickle-cell disease and other (pre/post implant) Sickle cell haemoglobinopathies
- Chronic cerebrospinal fluid leak
- Primary immune deficiency
- HIV infection and other immunosuppression and other immunosuppressive
- Solid organ transplant recipients
- Cochlear implant recipients

Note: Children 24 to 59 months of age and at high risk of IPD should also receive a dose of pneumococcal polysaccharide vaccine after the pneumococcal conjugate vaccine. Refer to the current Publicly Funded Immunization Schedule for Ontario at www.health.gov.on.ca/english/providers/program/immun/pdf/schedule.pdf

Reference: Ministry of Health and Long Term Care Prevnar®13 Eligibility, 2010



Secondary School Immunization (Adacel) Clinics and Suspension Notices

This is a “heads up” in anticipation of the added volume of calls the doctor’s offices are likely to receive as a result of the health unit’s upcoming enforcement of secondary school suspension for students who do not have up-to-date immunization status for tetanus, diphtheria and pertussis. The health unit plans to enforce the suspension process under the Immunization of School Pupils Act (ISPA), which requires children in school to complete the prescribed program of immunization in relation to each of the designated diseases (tetanus, diphtheria, polio, measles, mumps and rubella).

Notices and consents will be sent out to each of the 3,567 secondary school students who are eligible

for the ten year booster, Adacel® (Tdap) vaccine. This includes the students that were not vaccinated during the 2009/10 school year due to the burden of the added flu clinics during H1N1. The calls the offices are likely to receive will be from students/parents wanting to verify receipt of the vaccine through you or wanting to have you administer it.

The health unit will be providing clinics in each of the ten area high schools during school hours on the following dates: February 24, 25, 28, March 1, 2, 3, 4, 7, 8, 9. Also, the week before and the week suspensions start, we will be offering additional catch up clinics at both the Caledonia and Simcoe health unit locations. These clinics will run con-

currently on April 14, 15, 18 and 19.

For those students who do not have up-to-date status or have not provided an exemption affidavit, suspensions are slated to begin on April 18. As always, the focus of the health unit is not on suspensions, but rather to promote uptake of the vaccine to those at risk students. We appreciate your cooperation and partnership in this endeavour.

The health unit has an ample supply of the Adacel® vaccine if you need to order any.

If you have any questions, please contact a member of the Vaccine Preventable Disease Team at 519-426-6170 or 905-318-6623.

Schedule of High School Adacel (dTap) Vaccine Clinics

Holy Trinity Catholic High School	Thursday, February 24, 2011
Hagersville Secondary School	Friday, February 25, 2011
Simcoe Composite School	Monday, February 28, 2011
Cayuga Secondary School	Tuesday, March 1, 2011
Valley Heights Secondary School	Wednesday, March 2, 2011
McKinnon Park Secondary School	Thursday, March 3, 2011
Waterford District High School	Friday, March 4, 2011
Port Dover Composite School	Monday, March 7, 2011
Dunnville Secondary School	Tuesday, March 8, 2011
Delhi District Secondary School	Wednesday, March 9, 2011

2011 ROUTINE VACCINE SCHEDULE FOR HEALTHY CHILDREN

Age	Vaccine #1	Vaccine #2	Vaccine #3
2 months	Pediacel #1	Prevnar [®] 13 #1 (low risk)	
4 months	Pediacel #2	Prevnar [®] 13 #2 (low risk)	
6 months	Pediacel #3		
12 months	MMR #1	Menjugate	Prevnar [®] 13 #3 (low risk)
15 months	Varicella		
18 months	Pediacel #4	MMR #2	
4 to 6 years	Quadracel		

- Pediacel= diphtheria, pertussis, polio, tetanus, Hib
- MMR = measles, mumps, rubella (german measles)
- Quadracel = diphtheria, pertussis, polio, tetanus
- Men C: One dose if > 1 year. One-year-old children immunized in infancy (i.e. < 1 year of age) require another dose at least one year after the last dose for enhanced protection.
- Pevnar[®]13 = A three dose schedule for healthy (low risk) children - 2 primary doses at 2 and 4 months of age and a booster dose at 12 months. For high risk* children the schedule is three doses at two, four and six months and then a booster at 15 months. Refer to Pevnar 13 Eligibility Schedule (Tables 2 and 4)

If you have any questions please contact Rose Huyge (Ext. 3227) or Maria Mendes Wood (Ext. 3222) at the Haldimand-Norfolk Health Unit at 519-426-6170 or 905-318-6623.

With the introduction of Pevnar[®] 13, the Routine Vaccine schedule of pneumococcal vaccine for healthy children has been changed. A healthy child receives a two plus one booster series. The third dose, the booster, is given at 12 months of age with the MMR and meningococcal vaccine. This requires the child to receive three vaccines at one visit. The Ministry of Health and Long Term Care has approved and recommends this schedule. It is also endorsed by Dr. M Lock, the Acting Medical Officer of Health for the Health Unit. If you have any concerns about this schedule please contact any member of the Vaccine Preventable Disease Program to discuss those concerns.

Communiqué is a newsletter distributed by the Haldimand-Norfolk Health Unit for those who work in the area of Vaccines and Vaccine Preventable Diseases. If you have ideas or suggestions of topics for future Communiqués, please contact the Health Unit.



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