



Policy: Publicly Funded Vaccine/Immunoglobulin Eligibility Policy

Originating Branch: Public Health Branch

Original Approval Date: July 6, 2015 **Effective Date:** July 6, 2015

Approved By:

Dr. Shelley Deeks
Deputy Chief Medical Officer of Health, Health and Wellness

Version: April 18, 2024

1. POLICY STATEMENT

- 1.1. 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), the Izaak Walton Killam Health Centre (IWK), primary care providers and health care organizations.
- 1.2. The Department of Health and Wellness (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.
- 1.3. NSHA, the IWK, primary care providers and health care organizations implement the programs to Nova Scotians in adherence with those policies, standards, and guidelines.

2. DEFINITIONS

- 2.1. N/A

3. POLICY OBJECTIVES

- 3.1. To protect residents of Nova Scotia and others as identified in the policy from vaccine preventable diseases.
- 3.2. To provide guidance for public health providers and other immunization providers to identify which vaccines/immunoglobulins are publicly funded in Nova Scotia and who is eligible to receive them.

4. APPLICATION

- 4.1. This policy applies to all public health and other immunization providers who provide publicly funded vaccine.

5. POLICY DIRECTIVES

Eligibility

5.1. Residents of Nova Scotia

- 5.1.1. All residents of Nova Scotia with a valid Nova Scotia health card are eligible to receive publicly funded vaccines/immunoglobulins as described in Appendix A.
- 5.1.2. Individuals who have become residents of Nova Scotia and started an immunization series out of province:
 - Will finish the series as appropriate based on the Nova Scotia schedule.
 - Will follow the same eligibility as residents of Nova Scotia, regardless of eligibility out of province.

5.2. Visitors and/or Temporary Residents

- 5.2.1. Vaccines/immunoglobulins, 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.
- 5.2.2. The eligibility criteria for these individuals may change based on their circumstances.
- 5.2.3. A risk assessment approach in consultation with the Medical Officer of Health is to be used when making a decision regarding immunization of non-residents with publicly funded vaccines.

5.3. School-Based Program

- 5.3.1. Youth who have moved to Nova Scotia are eligible for each of the vaccines included in the school-based program:
 - 1) if they would have been in grade 7 (regardless of where they lived) at the time each of the vaccines were added to the school-based program. (For example, HPV for males in grade 7 was implemented in 2015); and
 - 2) if they are less than 19 years of age.
- 5.3.2. Youth who have missed or refused immunizations included in the school-based program are eligible for each of the vaccines:
 - 1) if they would have been in grade 7 at the time the missed or refused vaccine was added to the school-based program (For example, HPV for males in grade 7 was implemented in 2015); and
 - 2) if they are less than 19 years of age.

6. POLICY GUIDELINES

- 6.1. Publicly funded vaccines may be provided through the publicly funded program to residents/non-residents of Nova Scotia as part of outbreak/pandemic management, contact management or prevention of communicable diseases in high-risk populations more susceptible regardless of residency status: immigrants, refugees and other individuals establishing residency in Nova Scotia.
- 6.2. Regardless of residency status, individuals who have started a series of immunizations as part of post exposure immunization out of province will be able to have the series completed in Nova Scotia.
- 6.3. Products included in Appendix A may vary based on national contracts and availability.

7. ACCOUNTABILITY

- 7.1. For the purpose of the administration of this policy, accountability is delegated to the Deputy Minister of Health and Wellness.
- 7.2. DHW Public Health has a responsibility to ensure the policy is current, evidence informed and reviewed every two years and for on-going monitoring and enforcement of this policy.

- 7.3. 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.
- 7.4. Public Health staff and other immunization providers who provide publicly funded immunizations are responsible for adhering to this policy.

8. MONITORING / OUTCOME MEASUREMENT

- 8.1. DHW, Public Health is responsible for defining strategic outcomes, and monitoring performance and effectiveness of 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. Government of New Brunswick (2013). *Policy 2.2: Eligibility Criteria for Publicly Funded Vaccine and Biologics*.
- 10.2. Public Health Agency of Canada. *Canadian Immunization Guide*. Retrieved from <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- 10.3. Public Health Agency of Canada. *National Advisory Committee On Immunization: Recommendations, Statements and Updates*. Retrieved from <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>

11. APPENDICES

- 11.1. Appendix A: Nova Scotia Publicly Funded Vaccine/Immunoglobulin Eligibility

12. VERSION CONTROL

Version	29 February 2024, replaces all previous versions.
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13. INQUIRIES

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Appendix A: Nova Scotia Publicly Funded Vaccine/Immunoglobulin Eligibility

Abbreviation	National Active Immunizing Agent (Type)	Vaccine Products e.g.	Eligibility
DTaP-IPV-Hib	Diphtheria, tetanus toxoid, acellular pertussis, inactivated polio, haemophilus influenzae type b	Pediacel	<ul style="list-style-type: none"> Routine immunization of children 2 months to less than 7 years of age <ul style="list-style-type: none"> Note: Hib is not routinely indicated in children 5 years of age and older *Re-immunization of individuals 7 years of age and older post Hematopoietic Stem Cell Transplant (HSCT)
Tdap IPV	Tetanus toxoid, diphtheria, acellular pertussis, inactivated polio	Adacel Polio Boostrix Polio	<ul style="list-style-type: none"> Routine immunization booster for children 4 years to less than 7 years of age Immunization of individuals 7 years to less than 18 years of age who are unimmunized or have incomplete immunization Immunization of adults who are unimmunized
Tdap	Tetanus toxoid, diphtheria, acellular pertussis	Adacel Boostrix	<ul style="list-style-type: none"> Grade 7 students (school-based immunization program) Youth who have missed or refused Tdap vaccine as part of the school-based program, less than 19 years of age Pregnant women, in every pregnancy, irrespective of previous Tdap history Immunization of individuals 18 years of age and older who are unimmunized or have incomplete immunization Adults who require a tetanus or pertussis vaccine and have not received a pertussis containing vaccine in adulthood should receive a single dose of Tdap
Td	Tetanus toxoid, diphtheria	Td adsorbed	<ul style="list-style-type: none"> Adult booster every 10 years following one dose of Tdap as an adult Post-exposure immunization and wound management
HA	Hepatitis A	Havrix Vaqta	<ul style="list-style-type: none"> Post-exposure immunization Outbreak control *Pre-exposure immunization for those at increased risk of infection or severe Hepatitis A: <ul style="list-style-type: none"> Chronic liver disease Men who have sex with men High risk sexual practices HIV Substance use or harmful use of alcohol Individuals receiving repeated replacement of plasma derived clotting factors Children 6 months to less than 3 years of age who are living in a household with an individual who is at increased risk of infection or severe Hepatitis A

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HB	Hepatitis B	Engerix Recombivax	<ul style="list-style-type: none"> • Grade 7 students (school-based immunization program) • Youth who have missed or refused HB vaccine as part of the school-based program, less than 19 years of age • Post-exposure immunization • Outbreak control • *Pre-exposure immunization for those at increased risk of Hepatitis B infection or severe Hepatitis B: <ul style="list-style-type: none"> ○ Chronic liver disease ○ Men who have sex with men ○ Chronic renal disease ○ Congenital immunodeficiency ○ Hematopoietic stem cell transplant (HSCT) ○ Hemophilia and other bleeding disorders ○ High risk sexual practices ○ HIV ○ Substance use or harmful use of alcohol ○ Solid organ transplant ○ Splenic disorders including sickle cell disease or other hemoglobinopathies
HAHB	Hepatitis A and B	Twinrix	<ul style="list-style-type: none"> • *Pre-exposure immunization for those at increased risk of Hepatitis A and Hepatitis B infection or severe Hepatitis A and Hepatitis B: <ul style="list-style-type: none"> ○ Chronic liver disease ○ Men who have sex with men ○ High risk sexual practices ○ HIV ○ Substance use or harmful use of alcohol

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HPV	Human papillomavirus	Gardasil	<ul style="list-style-type: none"> • Grade 7 students (school-based immunization program) • Females: Youth who have missed or refused HPV vaccine as part of the school-based program less than 19 years of age • Males: Youth who have missed or refused HPV vaccine as part of the school-based program (beginning September 2015) less than 19 years of age • Men who have sex with men- for those less than 46 years of age • *Pre-exposure immunization for the following high-risk condition: <ul style="list-style-type: none"> ○ HIV- for those less than 46 years of age
Inf	Influenza - inactivated	Fluzone FluLaval Tetra	<ul style="list-style-type: none"> • Quadrivalent standard dose products: Residents and non-residents of NS, 6 months of age and older
		Fluzone High-Dose	<ul style="list-style-type: none"> • Quadrivalent high-dose product: Individuals 65 years of age and older.
IPV	Inactivated polio	Imovax Polio	<ul style="list-style-type: none"> • Immunization of adults who are unimmunized or have incomplete immunization with polio vaccine or combination vaccines such as Tdap-IPV.

*Refer to the [publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy](#) for eligibility criteria.

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Men-B	Meningococcal B	Bexsero	<ul style="list-style-type: none"> • Post-exposure immunization for Serotype B invasive meningococcal disease • Individuals who have recovered from Serotype B invasive meningococcal disease • Outbreak control • *Pre-exposure immunization for the following high-risk conditions: <ul style="list-style-type: none"> ○ Congenital immunodeficiency ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Immunosuppressive therapy using eculizumab (Solaris) ○ Solid organ transplant ○ Splenic disorders including sickle cell disease or other hemoglobinopathies ○ Youth less than 26 years of age moving into congregate-living settings for the first time: <ul style="list-style-type: none"> ▪ Those entering post-secondary studies and living in a congregate-living setting. ▪ First time military trainees who will be living in a military congregate- living setting. ▪ Those living in a youth congregate living setting not otherwise defined e.g., Nova Scotia Youth Centre, youth community residential setting, or youth shelter, etc.
Men-C-C	Meningococcal - Conjugate	NeisVac-C Menjugate	<ul style="list-style-type: none"> • Routine immunization of children less than 5 years of age • Post-exposure immunization for Serotype C • Outbreak control

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Men-C-ACWY	Meningococcal - Conjugate	Menveo Menactra Nimenrix	<ul style="list-style-type: none"> • Grade 7 students (school-based immunization program) • Youth who have missed or refused meningococcal vaccine as part of the school-based program less than 19 years of age • Post-exposure immunization for Serotypes A, C, W, Y • Outbreak control • *Pre-exposure immunization for the following high-risk conditions: <ul style="list-style-type: none"> ○ Congenital immunodeficiency ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Immunosuppressive therapy using eculizumab (Solaris) ○ Solid organ transplant ○ Splenic disorders including sickle cell disease or other hemoglobinopathies

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<p>MMR</p>	<p>Measles, mumps, rubella</p>	<p>MMR 11 Priorix</p>	<ul style="list-style-type: none"> • Routine immunization of children if not receiving MMRV. • Immunization of children 6 months to less than 12 months of age travelling to regions where measles is endemic or there is substantial community-based transmission during an outbreak. (Consult local public health if unsure) (https://travel.gc.ca/travelling/health-safety/travel-health-notice) • Adults born before 1970 without measles immunity** travelling to regions where measles is endemic or there is substantial community-based transmission during an outbreak- 1 dose of measles-containing vaccine. • Adults born in 1970 or later without measles immunity** • Students born before 1970 in post-secondary education settings – 1 dose of measles containing vaccine. • Health Care workers regardless of age and year of birth – 2 doses of measles containing vaccine. • Post-partum women who are found to be non-immune to rubella • Post-exposure immunization (Measles, Mumps and Rubella) • Outbreak control • *Pre-exposure immunization for the following high-risk conditions once immunocompetent: <ul style="list-style-type: none"> ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Immunosuppressive therapy ○ Solid organ transplant <p>**Measles immunity is defined as:</p> <p>Documentation of vaccination:</p> <ul style="list-style-type: none"> ○ If born in or after 1970: 2 doses ○ If born before 1970: 1 dose <p>OR</p> <p>History of laboratory confirmed infection</p> <p>OR</p> <p>Laboratory evidence of immunity</p>
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*Refer to the [publicly funded vaccine eligibility for individuals at high risk of acquiring vaccine preventable disease policy](#) for eligibility criteria.

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MMRV	Measles, mumps, rubella & varicella	Priorix Tetra	<ul style="list-style-type: none"> • Routine immunization of children, less than 13 years of age, born 2006 and later and not previously immunized with MMR and Varicella are eligible for 2 doses • Infants 6 months to less than 12 months of age who received one dose of MMR for travel still require the routine childhood 2 dose schedule • *Pre-exposure for the following high-risk conditions in children less than 13 years of age, once immunocompetent: <ul style="list-style-type: none"> ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Immunosuppressive therapy ○ Solid organ transplant

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Var	Varicella	Varivax	<ul style="list-style-type: none"> • Routine immunization of children not receiving MMRV • Individuals born 1996 -2005 are eligible for one dose (the first dose) of varicella vaccine Individuals born in 2006 and later are eligible for 2 doses of varicella vaccine if not receiving MMRV • Post-exposure immunization • *Pre-exposure immunization for the following high-risk conditions once immunocompetent (if not receiving MMRV): <ul style="list-style-type: none"> ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Immunosuppressive therapy ○ Solid organ transplant • *Pre-exposure immunization for the following high-risk conditions (if not receiving MMRV) <ul style="list-style-type: none"> ○ Chronic renal disease ○ Chronic salicylate therapy ○ Cystic fibrosis ○ Splenic disorders • Pre-exposure immunization for others (if not receiving MMRV): <ul style="list-style-type: none"> ○ Non-immune health care workers ○ Post-partum women who are found to be non-immune to varicella ○ Non-immune individuals <i>who live with or care</i> for anyone in the following categories: <ul style="list-style-type: none"> ✓ blood dyscrasias ✓ leukemia (except Acute Lymphoblastic Leukemia) ✓ lymphoma ✓ other malignancies affecting the bone marrow or lymphatic system ✓ other defects of cell-mediated immunity • Receiving treatment associated with T-cell abnormalities (e.g. intensive chemotherapy)

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Pneu-C-13	Pneumococcal-Conjugate	Prennar 13	<ul style="list-style-type: none"> • Routine immunization of children • *Pre-exposure immunization for the following high-risk conditions: <ul style="list-style-type: none"> ○ Cancer ○ Congenital immunodeficiency ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Immunosuppressive therapy ○ Solid organ transplant • Splenic disorders including sickle cell disease or other hemoglobinopathies
Pneu-P-23	Pneumococcal - Polysaccharide	Pneumovax 23	<ul style="list-style-type: none"> • Adults 65 years and older • *Pre-exposure immunization for Individuals 2 years and older with the following high-risk conditions: <ul style="list-style-type: none"> ○ Cancer ○ Chronic cerebral spinal fluid (CSF) leak ○ Chronic liver disease ○ Chronic lung disease (not asthma) ○ Chronic neurological conditions that may impair clearance of oral secretions ○ Chronic renal disease ○ Cochlear implant ○ Congenital immunodeficiency ○ Cystic fibrosis ○ Diabetes ○ Heart disease ○ Hematopoietic stem cell transplant (HSCT) ○ HIV ○ Homelessness ○ Substance use or harmful use of alcohol ○ Immunosuppressive therapy ○ Residing in long term care facilities ○ Solid organ transplant ○ Splenic disorders including sickle cell disease or other hemoglobinopathies

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Rab	Rabies	Imovax Rabies Rabavert	<ul style="list-style-type: none"> • Post-exposure immunization
RV	Rotavirus	RotaTeq	<ul style="list-style-type: none"> • Routine immunization of children born on or after November 1, 2019, less than 8 months of age.

Other Biological Products ([Canadian Immunization Guide](#))

Abbreviation	National Agent (Type)	Trade Name E.g.	Eligibility
BAtx	Botulism antitoxin		<ul style="list-style-type: none"> • People with established or suspected botulism (therapeutic) • Asymptomatic people strongly suspected of having eaten food contaminated with botulism toxin (prophylaxis)
DAtx	Diphtheria antitoxin		Clinical suspicion of diphtheria regardless of bacteriological confirmation
Ig	Immunoglobulin	GamaSTAN	<p>Hepatitis A</p> <ul style="list-style-type: none"> • Post exposure prophylaxis for the following: <ul style="list-style-type: none"> ○ Infants less than 6 months of age ○ Immunocompromised people who may not respond to the vaccine ○ Immunocompetent individuals 60 years of age and older ○ Individuals with chronic liver disease ○ People for whom Hepatitis A vaccine is contraindicated <p>Measles (<i>Rubeola</i>)</p> <ul style="list-style-type: none"> • Post exposure prophylaxis for the following susceptible contacts of measles: <ul style="list-style-type: none"> ○ Infants less than 6 months of age ○ Immunologically compromised individuals for whom measles vaccine is contraindicated ○ Pregnant persons ○ Susceptible immunocompetent people who present more than 72 hours but less than 1 week after exposure, i.e., too late for vaccine

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Abbreviation	National Agent (Type)	Trade Name E.g.	Eligibility
HBlg	Hepatitis B immunoglobulin	HepaGamB HyperHEPB	<ul style="list-style-type: none"> • Post exposure prophylaxis for the following high-risk situations: <ul style="list-style-type: none"> ○ Acute percutaneous or mucosal exposure to blood containing Hepatitis B virus ○ Perinatal exposure of infants born to birthing parents with acute or chronic Hepatitis B virus ○ Sexual contacts of individuals with acute or chronic Hepatitis B
Rablg	Rabies immunoglobulin	HyperRAB	<ul style="list-style-type: none"> • Post exposure prophylaxis
Tlg	Tetanus immunoglobulin	HyperTET	<ul style="list-style-type: none"> • Post exposure prophylaxis/wound management
Varlg	Varicella immunoglobulin	VariZIG	<ul style="list-style-type: none"> • Post exposure prophylaxis for some people with the following high-risk conditions: <ul style="list-style-type: none"> ○ Pregnant people ○ Immunocompromised patients, such as those with congenital or acquired immunodeficiency ○ Newborn infants of birthing parents who have varicella that began during the 5 days before to 48 hours after delivery ○ For the management of significant varicella exposure in a neonatal or pediatric intensive care setting, consultation with the infectious diseases/infection control specialist regarding the potential use of VariZIG™ is advised