

Manitoba Immunization Schedule

COMMUNICABLE DISEASE CONTROL

Table 1. Recommended Routine Immunization Schedule for Infants and Children

Age	DaPTP* ¹	Hib ²	MMR** ³	HBV ⁴	Tdap ⁵	PCV7 ⁶	PPV23	MC ⁷	MP	V ⁸	Flu ⁹
2 months	X	X				X					
4 months	X	X				X					
6 months	X	X				X					X***
12 months			X							X	
18 months	X	X				X					
4 to 6 years	X		X							X	
10 years				XXX				X		X	
14 to 16 years					X						
High-risk individuals						X***	X***	X***	X***	X***	X***

DaPTP* Diphtheria, acellular Pertussis, Tetanus, Polio (given as “one needle” with Hib)

1. An interval of two months (eight weeks) is recommended between the first three doses (four weeks is the minimum). A minimum interval of six months is required between dose 3 and 4.

Hib Haemophilus Influenzae B

2. Number of doses of Hib depends on age at which immunization begins:
 - 2-6 months: 3 doses two months apart with booster at 18 months
 - 7-11 months: 2 doses two months apart with booster at 18 months
 - 12-14 months: 1 dose with booster at 18 months
 - 15-59 months: 1 dose
 - 60 months and older: no doses required

Booster doses should be given at least two months after the preceding dose.

MMR** Measles, Mumps, Rubella (given as “one needle” on or after the first birthday)

3. A minimum interval of four weeks is recommended between dose 1 and dose 2 of MMR, or other live vaccines.

HBV Hepatitis B (3-dose series)

4. Given by Public Health Nurses to grade 4 students since September 1998

Tdap Tetanus, diphtheria, acellular pertussis (given as “one needle”)

5. Given by Public Health Nurses to grade 9 students since September 2003

PCV7 Pneumococcal conjugate 7 valent

6. Given to infants born on or after January 1, 2004 starting October 1, 2004. Number of doses of PCV7 depends on age at which immunization begins. The following schedule is recommended:
 - 2-6 months: 3 doses, six to eight weeks apart with booster at 18 months
 - 7-11 months: 2 doses, six to eight weeks apart with booster at 18 months
 - 12-23 months: 2 doses, six to eight weeks apart
 - 24-59 months: 1 dose

Booster doses should be given at least six to eight weeks after final dose of primary series.

PPV23 Pneumococcal polysaccharide 23 valent

MC Meningococcal conjugate C

7. Given by Public Health Nurses to grade 4 students born on or after January 1, 1995 and in grade 4 as of October 1, 2004.

MP Meningococcal polysaccharide A, C, Y, W-135

V Varicella (Chickenpox)

8. One dose administered at any of the following times of eligibility as of October 1, 2004:
 - infants born on or after January 1, 2004
 - susceptible preschool aged children (four to five years old) born on or after January 1, 1999
 - Public Health Nurse administered program for susceptible grade 4 students

Flu Influenza

9. Given to children six to 23 months of age starting October 1, 2004.

High-risk individuals: Individuals at risk of disease complications or particularly susceptible to the disease(s).

*** More than one dose may be required

Table 2. Manitoba Immunization Schedule for Children 1 to 6 years of age inclusive who have not received previous immunizations

Age at Immunization	DaPTP ¹	Hib ²	MMR ³	PCV7 ⁴	V ⁵	Flu ⁶
First Visit	X	X (b)	X	X (d)	X(e)	
2 months after 1st DaPTP/Hib	X	X	X (c)	X		X(f)
2 months after 2nd DaPTP	X (a)					
6-12 months after 3rd DaPTP	X					
4-6 years of age (preschool)	X (g)					

- (a) An interval of two months (eight weeks) is recommended between doses (four weeks is the minimum). Only 3 doses of IPV (inactivated polio vaccine) are recommended. The 4th dose is included in the combination vaccine DaPTP for convenience.
(g) This dose is not required if the previous dose of DaPTP was given after the fourth birthday.
- (b) Children with a lapse in immunization with Hib (haemophilus influenzae B vaccine) should be immunized as follows:

Age at presentation	Prior immunization history	Number of doses required
12-24 months	1 dose 2 doses	1 dose and booster at 15-18 months 1 dose
15-59 months	any incomplete schedule	1 dose

Note: Hib doses should be given a minimum of eight weeks apart.

- (c) A minimum interval of four weeks is recommended between dose 1 and dose 2 of MMR or other live vaccines. The second dose of MMR (measles, mumps, rubella) should be given at the same visit as DaPTP (\pm Hib) to ensure high uptake.
- (d) See notes for PCV7 (pneumococcal conjugate vaccine) eligibility in Table 1. Recommended Routine Immunizations for Infants and Children.

The following schedule should be followed for eligible children whose immunization has been interrupted with the PCV7 vaccine:

Age at re-presentation	Completion of primary series	Booster dose
12-23 months	2 doses, 8 weeks apart	None
\geq 24 months	1 dose	None

- (e) See notes for V (varicella) eligibility in Table 1. Recommended Routine Immunizations for Infants and Children.
- (f) See notes for Flu (influenza) eligibility in Table 1. Recommended Routine Immunizations for Infants and Children.

Table 3. Manitoba Immunization Schedule for Children \geq 7 years who have not received previous immunizations

Age at Immunization	IPV ¹	Tdap ²	MMR** ³	HBV ⁴	MC ⁵	V ⁶
First visit	X	X	X			
2 months later	X	X	X			
6-12 months later after 2nd visit	X	X		XXX	X	X
10 years after 3rd visit		X				

- Two doses of IPV (inactivated polio vaccine) are recommended four to eight weeks apart, one booster dose of IPV to follow six to 12 months later.
Consult the current Canadian Immunization Guide for additional considerations for other un-immunized individuals.
- Two doses of Tdap (tetanus, diphtheria, acellular pertussis) four to eight weeks apart, third dose six to 12 months later, followed by a booster with tetanus and diphtheria (Td) 10 years later.
- Provided on or after the first birthday; minimum interval of four weeks is recommended between dose 1 and dose 2 of MMR (measles, mumps, rubella) or other live vaccines.
- Provided to grade 4 students by Public Health Nurses or other immunization provider if the child missed the school clinic. Recommended schedule with Recombivax HBTM pediatric formulation (thimerosal-free): 0, 1, and $>$ 2 months.
- Provided by Public Health Nurses to grade 4 students born on or after January 1, 1995 and in grade 4 as of October 1, 2004. The vaccine is available to other immunization providers if the grade 4 student missed the school clinic. See notes for MC (meningococcal conjugate C vaccine) eligibility in Table 1. Recommended Routine Immunizations for Infants and Children.
- Only one dose is required for susceptible children \geq 12 months to 12 years of age.
Two doses are required if susceptible and \geq 13 years of age, separated by a minimum interval of four weeks.
See notes for V (varicella) eligibility in Table 1. Recommended Routine Immunizations for Infants and Children.

Notes:

- The above three schedules reflect the most common immunization scenarios. Consult the current Canadian Immunization Guide at the following website for additional information <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/cig-gci/index.html>
- The National Advisory Committee on Immunization Statements (NACI) provides additional information about the use of vaccines licensed in Canada. Click on the following Health Canada website to access the statements: <http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ccdr-rmtc/index.html>
- Most vaccines can be safely administered simultaneously thus immunization providers should administer all vaccine doses for which a child is eligible at the time of each clinic visit.
- Fact sheets about vaccine preventable diseases are available from Material Distribution Agency (MDA), Manitoba Health's official publication warehouse and distribution centre. Tel: 945-0570 Fax:942-6212 or e-mail: InformationResources@gov.mb.ca
Fact sheets are also posted on the Communicable Disease Control Unit website: <http://www.gov.mb.ca/health/publichealth/cdc/>