Yukon Immunization Program Manual

Section 3 — Immunization Schedules

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3.0 Abbreviations

For information on specific vaccines and their use see Section 8-Biological Products.

Table 1. Abbreviations of Antigen Codes

Antigen Code	Antigens
BCG	Bacillus Calmette Guérin
COVID-19	Covid-19 vaccine
DTaP-HB-IPV-Hib	Combined Diphtheria and tetanus toxoids, acellular pertussis, hepatitis B, inactivated polio and Haemophilus influenzae type b vaccine
DTaP-IPV-Hib	Diphtheria and tetanus toxoids, acellular pertussis, inactivated polio and Haemophilus influenzae type b vaccine
HA	Hepatitis A vaccine
HAHB	Hepatitis A and B
HB	Hepatitis B vaccine
HBIG	Hepatitis B immunoglobulin
Hib	Haemophilus influenzae type b vaccine
HPV-9	Human papillomavirus vaccine (nonvalent, HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58)
FLU	Influenza vaccine
LAIV	Live Attenuated Influenza Vaccine
IPV	Inactivated polio vaccine
Men-C-C	Meningococcal C conjugate vaccine
Men-C-ACYW-135	Meningococcal quadrivalent conjugate vaccines (serogroups A, C, Y, W-135)
Men-P-ACYW-135	Meningococcal quadrivalent polysaccharide vaccines (serogroups A, C, Y, W-135)
Men-B	Meningococcal B
MMR	Measles, mumps and rubella
MMR-Var	Measles, mumps, rubella and varicella
PNEU-C-13	Pneumococcal conjugate vaccine, 13-valent vaccine
PNEU-C-15	Pneumococcal conjugate vaccine, 15-valent vaccine
PNEU-C-20	Pneumococcal conjugate vaccine, 20-valent vaccine
PNEU-P-23	Pneumococcal polysaccharide vaccine, 23-valent
PPD	Purified Protein Derivative 5TU: Mantoux – TB test
Rab	Rabies vaccine
RIG	Rabies immunoglobulin
Rota	Rotavirus vaccine
RSVAb	Respiratory syncytial virus monoclonal antibody
RSV	RSV respiratory syncytial virus vaccine
Td	Tetanus and diphtheria toxoids adsorbed
Tdap	Tetanus Toxoid, reduced diphtheria toxoid and acellular pertussis
Tdap-IPV	Tetanus Toxoid, reduced diphtheria toxoid and acellular pertussis combined with Inactivated poliomyelitis
TIG	Tetanus immunoglobulin
Var	Varicella vaccine
Zos	Herpes zoster (Shingles) vaccine

3.1 Guidelines for Immunization Schedules

At every client encounter, review immunization status and provide all eligible vaccines.

Determine eligibility by assessing:

- Age
- Health status and underlying medical conditions
- Lifestyle or occupational risk factors
- Contact with individuals at risk of vaccine preventable disease
- Local disease epidemiology.

Adhere as closely as possible to recommended vaccine schedules. Recommended ages and intervals aim for optimal protection and efficacy. The number of doses needed may decrease as children age; therefore, a careful review of past doses against the current age-appropriate schedule is needed to ensure adequate immunization. Whenever possible, complete vaccine series with the same product.

3.1.1 Consideration of Immunization History

A thorough review of historical records is required to ensure clients are up to date according to Yukon guidelines. A verbal history of immunization is not considered proof of immunity.
At a minimum, records should include the date (day/month/year) and sufficient information to identify the vaccine product administered (generic or trade name).

If the provider determines that the history is unreliable, or if the risk of disease acquisition is high, consider the client unimmunized and offer vaccination according to the schedule for their current age.

For interrupted series: When a vaccine series is interrupted, restarting the series is generally not required, regardless of the length of the delay. Longer intervals between doses do not affect final antibody levels; however, full protection requires completion of all recommended doses.

For premature infants: Use chronological age (based on actual birth date) rather than corrected age. There is no minimum weight requirement for initiating immunization.

3.2 Routine Immunization Schedule

Table 2. Routine Immunization Schedule in the Yukon

VACCINE \ AGE	BIRTH	2 MO	4 MO	6 MO	12 MO	18 MO	4-6 YRS	GRADE 6	GRADE 9	19 YRS	19-64 YRS	65+ YRS
DTaP-IPV-Hib-HB Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenza type B, Hepatitis B		**X**	**X**	**X**								
Pneum-C-15 Pneumococcal Conjugate 15		**X**	**X**		**X**							
Rota Rotavirus (oral)		**X**	**X**	**X**								
Men-C-C Meningococcal Conjugate C					**X***							
MMR Measles, Mumps, Rubella					**X**							
VZ Varicella					**X**							
DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenza type B						**X**						
MMRV Measles, Mumps, Rubella Varicella							**X**					
Tdap-IPV Diphtheria, Tetanus, Pertussis, Polio							**X**					
Men-C-ACYW-135 Meningococcal Conjugate C – ACYW135					**X***				**X**			
HPV-9 Human Papilloma Virus								**X**				
Tdap Tetanus, Diphtheria, Pertussis									**X**	One dose 19+ and in every pregnancy (27-32 weeks)*		
Td (booster) Tetanus, Diphtheria											Every 10 years	
Hz Herpes Zoster												**2 Dose***
Pneu-C-20 Pneumococcal Conjugate 20												**X**
RSV Respiratory Syncytial Virus												X
SEASONAL IMMUNIZATIONS												
Influenza				**Annual***								Annual Enhanced Influenza
Covid-19				**Annual***								2-Dose*
RSVAb- RSV Monoclonal Antibody	**8 months and younger Nov-April**											

*Use Section 8-Biological Products for complete program details. Clients at high risk of certain vaccine preventable diseases may be eligible for additional immunizations.

3.3. Catch-Up Immunization Schedules

3.3.1 Catch-Up Schedule: Children 1–6 Years (Starting or Resuming Immunization)

Table 3. Recommended Vaccines for Children 1–6 Years, inclusive (Catch-Up)

Visit	Vaccine(s)
Initial Visit	DTaP-IPV-Hib and HB- or (DTaP-IPV-Hib *and* HB) MMR PNEU-C-15 Var Men-C-C or Men C-ACYW-135
2nd (minimum 4 weeks after 1st visit)	DTaP-IPV-Hib-HB or (DTaP-IPV-Hib *and* HB)
3rd (minimum 8 weeks after 1st PNEU-C-15)	PNEU-C-15
4th (min 16 weeks after 1st visit AND at least 8 weeks after 2nd dose of HB)	DTaP-IPV-Hib-HB or (DTaP-IPV-Hib *and* HB)
5th (minimum 6 months after 3rd dose of DTaP-containing vaccine)	DTap-IPV-Hib or (TdaP-IPV)
School Entry **(4-6 years of age)**	Tdap-IPV MMRV
Grade 6	HPV-9
Grade 9	Men C-ACYW-135 Tdap
Seasonal:	
Annual	COVID-19 Influenza
Use in combination with the relevant Biological Product pages (see Section 8-Biological Products). **Clients at high risk of certain vaccine preventable diseases may be eligible for additional immunizations. See Section 5 and 8.**	

3.3.2 Catch-Up Schedule: Children & Adolescents 7–17 Years (Starting or Resuming Immunization)

The following recommendations will guide the development of the schedule for healthy children and adolescents, and should be used in combination with the relevant Biological Product pages (see Section 8-Biological Products).

Table 4. Recommended Vaccines for Children & Adolescents 7–17 Years, inclusive (Catch-Up)

Vaccine	Schedule Guidelines
HB	Children 11-15 years of age (inclusive): 2 doses (1.0 mL each) given at 0 and 6 months. Children under 11 years of age and adolescents aged 16 and 17 years: 3 doses (0.5 mL each) given at 0, 1, and 6 months
HPV9	1 dose
Men-C-C	Children 12 months to 11 years of age: 1 dose of Men-C-C or Men-C-ACYW-135
Men-C-ACYW-135	Children 12 months to 11 years of age: 1 dose of Men-C-C or Men-C-ACYW-135 AND Children 11 to 24 years of age: 1 dose of Men-C-ACYW-135.
MMR	2 doses given at least 4 weeks apart (second dose may be given as MMRV following appropriate spacing for age)
Tdap or Tdap-IPV (if polio vaccine is also required)	3 doses given at: 0 and 1 month, followed by a 3rd dose 6-12 months after the 2nd dose. For children resuming immunization, if the first dose of DTaP-containing vaccine was administered before the 1st birthday, administer additional dose(s) in order to complete a 4-dose primary series. (See Section 8 Biological Products). If the series is completed before the 10th birthday, give a booster in grade 9.
Var	Susceptible children under 13 years of age: 2 doses given, 12 weeks apart (may be given as MMRV in those also eligible for MMR vaccine, up to age 12). Susceptible adolescents 13 years of age and older: give 2 doses of varicella vaccine 6 weeks apart.
Seasonal:	
Annual	COVID-19 Flu
Children and adolescents at high risk of vaccine preventable diseases may be eligible for additional doses of certain vaccine. Section 8-Biological Products). page for specific instruction.	

3.3.3 Catch-Up Schedule: Adults 18+ (Starting or Resuming Immunization)

Use in combination with the relevant manual pages Section 8 Biological Products and Section 5-Immunization of Special Populations.

Table 5. Recommended Vaccines for Adults (Catch-Up)

Vaccine	Schedule Guidelines
HB	• Individuals up to age 19: 3 doses (0.5 mL each) given at 0, 1 and 6 months
HPV9	• Individuals up to and including age 20: 1 dose • Individuals 21–26 years: 2 doses given 6 months apart
Men-C-ACYW-135	• Individuals up to and including age 24 who missed Men-C-ACYW in the school-based program: one dose
MMR	• Individuals born after 1970: 2 doses of MMR give at least 4 weeks apart
IPV	• Individuals with incomplete, unknown, or OPV only polio immunization history
Pneu-C-20	• Individuals aged 65 older: 1 dose
Td/Tdap	• Primary series (adults): 1 dose Tdap, then 2 doses Td (0, 1, and 6–12 months). • Interrupted series: Ensure ≥3 total doses of diphtheria/tetanus vaccine, with ≥1 dose after the 4th birthday. • 1 dose Tdap recommended for all clients 19 years of age and older. • 1 dose Tdap recommended for all pregnant individuals at 27–32 weeks; for each pregnancy.
Var	• If susceptible, give 2 doses 6 weeks apart.
Zos	• Yukon Residents aged 65-79 years. • Immunocompromised individuals 18+ years • 2 doses given 2 to 6 months apart.
RSV	• 1 dose for those 65 years and older
Seasonal:	
Annual	COVID-19 Influenza
Health care workers and adults at high risk of vaccine preventable diseases or may be eligible for additional vaccines. See Section 8 Biological Products for complete program details.	

3.4 Minimum Intervals Between Vaccine Doses

A *minimum interval* is the shortest acceptable time between two doses of a vaccine in a multi-dose series in which a protective immune response to the subsequent dose can be expected.

For optimal immune response, **follow recommended intervals whenever possible.** However, doses administered earlier than the recommended interval may still be considered valid if both the minimum age and minimum interval requirements are met.

Doses given before the minimum age indication or at less than the minimum interval are considered invalid and are generally recommended to be repeated. If uncertain whether a dose should be repeated or can be considered valid, consult the **Yukon Immunization Program.**

In certain circumstances, it may be appropriate to administer doses in a multi-dose series at shorter than routinely recommended intervals.

Consider using minimum intervals if:

1. Rapid protection is required for individuals at high risk of exposure (e.g., during an outbreak or prior to becoming immunosuppressed).

2. The series was significantly delayed, and the individual is at high risk of severe disease if exposed.

In these cases, minimum intervals may be applied to initial doses; however, maintaining the recommended interval for the final dose is generally associated with higher antibody levels and longer duration of protection.

Refer to 3.4.1 Minimum Intervals Between Vaccine Doses Table for vaccine-specific interval information.

3.4.1 Recommended and Minimum Intervals between Vaccine Doses

Table 6. Minimum age and minimum intervals between vaccine doses

Vaccine	Minimum age at first dose	Minimum Intervals between doses			
		Dose 1 à Dose 2	Dose 2 à Dose 3	Dose 3 à Dose 4	Dose 4 à Dose 5
DTaP-IPV-Hib (Pediacel®)	6 weeks	4 weeks	4 weeks	6 months [A,B,C]	6 months **AND** minimum age for dose 5 is 4 years[A,B,C]
DTaP-HB-IPV-Hib (INFANRIX hexa®)	6 weeks	4 weeks	16 weeks after dose 1 **AND** 8 weeks after dose 2 **AND** minimum age for dose 3 is 24 weeks	___	___
Td or Tdap [D] (Boostrix®, Td Absorbed®)	7 years	4 weeks [D]	24 weeks [D]	___	___
HIB [C] (Hiberix®)	6 weeks	Number of doses of Hib-containing vaccine varies by age. [C]			
Hepatitis A (Havrix 720® and Havrix 1440®)	Product specific	24 weeks	___	___	___
Hepatitis B (Recombivax® Adult, Engerix B®)	*11 years old* **(2 dose series)**	Product specific	___	___	___

Vaccine	Minimum age at first dose	Minimum Intervals between doses			
		Dose 1 à Dose 2	Dose 2 à Dose 3	Dose 3 à Dose 4	Dose 4 à Dose 5
Hepatitis B (Recombivax® Infant, Recombivax® Adult, Engerix B®)	Product specific **(3 dose series)**	4 weeks	8 weeks after dose 2 **AND** 16 weeks after dose 1 **AND** minimum age 24 weeks	___	___
HPV-9 (Gardasil 9®)	9 years	Individuals 9 to 20 years generally receive 1 dose (see Section 8: HPV-9 for exceptions and other ages)			
Avian Influenza (H5N1) (Arepanrix™)	6 months	21 days	___	___	___
Men B (Bexsero®)	8 weeks	Age-specific		___	___
Men-C-C [F] (Menjugate®, NeisVac-C®)	8 weeks	Age-specific [F]	See Section 8: Meningococcal vaccines.	___	___
Meningococcal quadrivalent Conjugate[F] (Nimenrix®, Menveo®)	See Section 8: Meningococcal vaccines.	Contact YIP as needed regarding spacing for high-risk individuals			
MMR (Priorix®, MMRII®)	12 months [G]	4 weeks [G]	___	___	___
MMRV (Priorix-Tetra®, ProQuad®)	12 months [H]	4 weeks [H]	___	___	___

Vaccine	Minimum age at first dose	Minimum Intervals between doses			
		Dose 1 à Dose 2	Dose 2 à Dose 3	Dose 3 à Dose 4	Dose 4 à Dose 5
Pneumococcal conjugate (Vaxneuvance®, Prevnar®20)	6 weeks [I]	8 weeks [I]	8 weeks [I]	8 weeks [I]	___
Polio Vaccine (Imovax®Polio)	6 weeks	4 weeks [J]	6 months [J]	6 months if a 4-dose series is needed **AND** Minimum age 4 years old [J]	___
Rotavirus (RotaTeq®)	6 weeks	4 weeks ***AND*** Do not start if ≥5 months	4 weeks ***AND*** maximum age of 8 months for dose 3	___	___
Varicella Zoster (Shingrix®)	18 years	1 month [K]	___	___	___
Varicella (Varivax® III)	12 months	4 weeks	___	___	___

A) See Section 8: Biological products for tetanus-diphtheria containing vaccine for vaccine selection guidance. For DTaP-containing vaccines, a minimum interval of 6 months is required between dose 3 and dose 4. The minimum age for the final booster dose is 4 years.
B) Dose 5 of Dtap-IPV-Hib is not required if dose 4 was given at ≥ 4 years of age.
C) If DTaP-IPV-Hib 4th dose is given before 12 months of age, another dose of Hib is required, at ≥ 12 months of age.
D) There is no minimum interval between Td and Tdap when Tdap is being given for pertussis protection.

E) For the 2 dose Hepatitis B series in individuals 11 to 15 years of age, the minimum interval between doses is 24 weeks when Engerix B is used for either dose. A 16-week minimum interval may apply for some product schedules. Refer to Section 8: Hepatitis B for product specific guidance or contact Yukon Immunization Program for assistance.

F) Minimum interval between Men-C-C and Men-ACYW is 4 weeks, regardless of order. If dose 1 is received before 12 months of age for infants, 1 dose is required after 12 months. Section 8: Meningococcal vaccines.

G) MMR minimum age is 12 months. An early MMR dose given between 6–11 months does not count toward the routine series, and two doses are still required after 12 months of age. If 4 weeks interval were used between dose 1 and dose 2, dose 2 does not need repeating.

H) For MMRV, the recommended and scheduled interval is 12 weeks. If an interval of at least 4 weeks was used, the dose is valid and does not need to be repeated. The Yukon does not administer MMRV to children under 4 years of age. In exceptional circumstances, consult the Yukon Immunization Program.

I) For pneumococcal conjugate vaccines dose number may vary according to age, and vaccine history. See Section 8: Pneumococcal Vaccines for details.

J) For polio vaccine: A minimum of three doses is required. The final dose must be given at least 6 months after the previous dose and at 4 years of age or older. If a 4-week interval was used between earlier doses, the dose does not need to be repeated.

K) The minimum interval between Shingrix doses is 1 month (4 weeks). A 2-to-6-month interval is recommended. An interval of 1 month should be used only in exceptional circumstances.

For any dosing schedule questions please contact YIP.

3.5 Spacing of Biological Products

Spacing guidelines are essential to ensure valid doses and optimal immune response; see table 7 below.

Table 7. Spacing Guidelines for Biological Products

General Principles	
Inactivated vaccines	• May be given with other inactivated vaccines (unless specified in Section 8). • New products may have spacing requirements (post-marketing surveillance).
Live attenuated vaccines	• May be given on the same day or ≥4 weeks apart. • Review Section 8 product pages for specific guidance.
Other Considerations	
Blood products, human immunoglobulin	• See Canadian Immunization Guide: Blood products and timing of Immunization. • For blood donations, see Canadian Blood Services.

Antivirals	No effect on most vaccines. Exceptions:
	1. Varicella-Containing Vaccines:
	• Effectiveness may be reduced if given with antivirals active against varicella-zoster virus (e.g., acyclovir, valacyclovir, famciclovir).
	• For individuals on long-term antiviral therapy:
	  ○ Discontinue antivirals ≥24 hours before vaccination.
	  ○ Delay restarting antivirals until ≥14 days after vaccination
	2. Live Attenuated Influenza Vaccine (LAIV).
	• Do not administer LAIV until ≥48 hours after stopping influenza antivirals (e.g., oseltamivir).
	• Avoid restarting antivirals ≥14 days post-vaccination, unless clinically necessary.
	• If antivirals are taken from 48 hours before to 14 days after LAIV:
	  ○ Revaccinate ≥48 hours after antivirals are stopped.

RSV monoclonal antibodies	No timing concerns.
Rh Immune Globulin (RhIg)	• May interfere with MMR/varicella; delay or revaccinate if given within 3 months. • If risk of exposure/pregnancy or missed vaccination, give MMR/varicella before discharge, with second dose as needed. • If given within 3 months of RhIg, test for rubella/varicella antibodies 3 months postpartum, ≥1 month post-final dose; revaccinate if no response.

Tuberculin testing	**Inactivated vaccines:** A tuberculin skin test (TST) may be administered may be administered concurrently with, or at any time before or after, other inactivated vaccines provided they are given at different anatomical sites.
	Live virus parenteral vaccines: (e.g., MMR, varicella): may interfere with TST results, potentially causing false-negative reactions if administered within 4 weeks prior.
	• To avoid this, TST should be given either:
	  ○ On the same day as the live vaccine, or
	  ○ Delayed by at least 4 weeks after live vaccine administration
	• Consult Yukon Communicable Disease Unit as needed.

3.6 Vaccination Administration Errors

Follow your employer's policies and contact Yukon Immunization Program as needed.

3.6.1 Vaccine(s) *Given at Less Than the Minimum Interval*

- Consider a vaccine or vaccine-component dose given at less than the minimum interval to be an **invalid** dose and repeat the dose. The repeat dose should be spaced after the invalid dose by the recommended minimum interval.
- If some of the components of a combination vaccine are valid, repeat only the component(s) that are invalid if the appropriate product is available (e.g., if only the hepatitis B component of an INFANRIX hexa® dose is invalid, repeat only the hepatitis B component using hepatitis B vaccine).

3.6.2 Vaccine(s) *Given at Less Than the Minimum Age*

Consider a vaccine dose given at less than the minimum age to be an **invalid** dose and repeat the dose.

- Live vaccine (e.g., MMR or varicella): Repeat the dose when the child reaches the minimum age **and** at least 4 weeks after the dose that was given too early.
- Inactivated vaccine (e.g., INFANRIX hexa®): Repeat the dose when the child reaches the minimum age.

3.6.3 Live Vaccine(s) *Given Less Than 4 Weeks Apart*

- If two live vaccines are not given on the same day and are given less than four weeks apart, consider the vaccine that was given second to be **invalid**.
- Repeat the vaccine that was given second a minimum of 28 days after it was given.
- Exceptions to this are:
  - Rotavirus vaccine may be given any time before or after another live vaccine. The only scenario where this would occur, however, is MMR given between 6 months and less than or equal to 8 months of age for post-exposure prophylaxis or travel indications.
  - If LAIV is given less than 28 days after a live vaccine (such as MMR), and protection against influenza is required promptly, an injectable influenza vaccine should be administered.

3.6.4 Expired Vaccine(s)

- If an expired product is given inadvertently, the dose must be repeated.
- If it is a live vaccine, give on the same day the expired vaccine was given. If the error is discovered after that, repeat the dose of live vaccine 28 days later.
- If an expired dose of an inactivated product is given, give another dose as soon as possible.

3.6.5 Other Administration Errors

- **Partial Doses:** The full recommended vaccine dose volume should be administered. If a partial dose has been given it should be considered invalid and a full dose given.
- **Larger Dose:** Administering a larger than recommended vaccine dose doesn't improve protection and may increase side effects, like local reactions.

3.7 References

National Advisory Committee on Immunization (NACI). *Canadian Immunization Guide*. Public Health Agency of Canada. Available at: https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html

Public Health Agency of Canada. *Canadian Immunization Guide*. Government of Canada. Available at: https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html

Centers for Disease Control and Prevention (CDC). *Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book)* – Healthcare Provider Edition. Available at: https://www.cdc.gov/pinkbook/hcp/table-of-contents/index.html

Appendix A: Immunization Schedule Worksheet

***Personalized Schedule Worksheet* : The following worksheet may assist the immunizer to develop an appropriate schedule for the client.**

Client's Name_____
Date of Birth _____
Personal Health Number _____

	1st visit	2nd visit	3rd visit	4th visit	5th visit
Date / Vaccine					