

Appendice 4.3 - History of Vaccine Use in New Brunswick-

4.3.1 - History of Vaccine Use in New Brunswick - chronological listing

Chronology of vaccine use in New Brunswick Public Health programs*	
* Please refer to Appendix 4.3.2, "Vaccine timeline by disease" for additional information. Information in this document is a compilation of documented program information only.	
2010 to present	
2018 (May)	<ul style="list-style-type: none"> RotaTeq® vaccine (Merck Canada Inc.) replaced ROTARIX® (GlaxoSmithKline Inc.) for the routine infant immunization program. This vaccine will be administered at 2 months, 4 months, and 6 months of age (the infant must be under 15 weeks of age for 1st dose and under 8 months of age for third dose).
2018 (March)	<ul style="list-style-type: none"> Tdap vaccine offered in every pregnancy, irrespective of previous Tdap immunization history.
2017 -2018 (school year)	<ul style="list-style-type: none"> HPV vaccine school based program expanded to include males born 2005 and later. HPV vaccine program enhanced from Gardasil 4 to Gardasil 9 vaccine.
2017 (June)	Introduction of Rotavirus vaccine into routine childhood immunization schedule at 2 and 4 months of age for infants who meet the age requirements (under 15 weeks of age for 1st dose and under 8 months of age for second dose).
2017 (April)	The dosage of Recombivax HB® for infants (of HB-negative mothers) to children less than 11 years of age has been changed from 0.25mL to 0.5mL.
2017 (March)	<p>The following vaccines were added to the "Vaccine Eligibility Criteria for High Risk Individuals":</p> <ul style="list-style-type: none"> Meningococcal B for high risk groups with immune-suppressing conditions. Hepatitis A for splenic disorders (requiring multiple transfusions), bleeding disorders, MSM and for all illicit drug use (no longer specific to only those participating the methadone treatment program).
2015-2016 influenza season	Seasonal influenza- Quadrivalent influenza vaccine replaced trivalent influenza vaccine for high risk groups.
2015-2016 (school year)	<ul style="list-style-type: none"> Introduction of varicella catch-up program (eight years) targeting individuals born 2000-2008 and provided through the school immunization program. For the school year 2015/16, students in grades 9 & 10 who were born in 2000 & 2001 were eligible to receive a second dose of varicella vaccine. For the school years 2016/17 to 2022/23, the vaccine will be given in grade 9 to eligible students. HPV immunization program (Gardasil) changed from 3 dose schedule to a 2 dose schedule

2015 (October – December)	In response to a pertussis outbreak in the Moncton area, Tdap vaccination was offered to pregnant women (26 weeks gestation or greater) irrespective of their immunization history. Other strategies included ensuring that everyone was up-to-date with immunizations, especially those in close contacts with infants and children
2015	Hep B vaccine provided to target high risk group, i.e. “men having sex with men” (MSM).
2015	Meningococcal B vaccine provided to individuals greater than or equal to 2 months of age that have been in close contact with a case of invasive meningococcal disease (IMD) caused by serogroup B <i>Neisseria meningitidis</i> .
2015	<ul style="list-style-type: none"> Rabies pre-exposure vaccine provided to individuals hired to retrieve abnormally acting wildlife as part of rabies surveillance activities for 2015 only. <p>Note - wildlife surveillance is a part of the program to distribute vaccine to wildlife population.</p>
2015	On November 25, 2015, Victorian Order of Nurses (VON) ceased operations in New Brunswick resulting in the termination of the contract for influenza and pneumococcal immunization services.
2014-2015 influenza season	Pharmacists’ role expanded to include influenza vaccine administration to the following groups: pregnant women, Aboriginal and people who are capable of transmitting influenza to those at high risk. Also the requirement that the recipient of the vaccine “be known” to the pharmacist was removed.
2014 (June)	Expansion of Prevnar 13 to include the following groups who have not previously received Pneu-C-13 vaccine: children and adolescents (5-17 years of age) at high risk of IPD, children up to 18 years of age with asthma, adults with human immunodeficiency virus (HIV) or immunosuppressive conditions (eligible for 1 dose), and hematopoietic stem cell (HSCT) recipients (eligible to receive 3 doses).
2012-2013 (school year)	<p>As a response to the New Brunswick pertussis outbreak, Tdap vaccine was provided to:</p> <ul style="list-style-type: none"> Students in grade 8 & 9 in the other areas of the province that were not captured in the 2011-2012 pertussis school immunization campaign; Tdap was re-introduced into the NB Routine Immunization Schedule for students in grade 7 as part of the school based immunization program.
2012 (May)	Adacel®-Polio vaccine (Tdap-IPV) replaced Quadracel® vaccine (DTaP-IPV) for the pre-school booster dose (5th dose only) for immunization against diphtheria, tetanus, pertussis and polio.
2011-2012 (school year)	<p>As a response to the New Brunswick pertussis outbreak, a Tdap vaccine was provided to:</p> <ul style="list-style-type: none"> Students in grades 6, 7 & 8 in the two most affected areas (Moncton and Saint John); School aged children and adolescents < 18yrs of age in close contact with infants < 1 yr of age and have not received a pertussis containing vaccine in the last five years; Adults > 18yrs of age in close contact with infants < 1 yr of age and have not received a pertussis containing vaccine in the adulthood; Pregnant women in the third trimester may be offered Tdap (optional and left to the discretion of the MOH in the affected areas).

2011-12 (school year)	MMR Grade 12 catch-up program was completed a year sooner than planned (2012/2013) because of a measles outbreak in Quebec that began in January 2011 and an increase in the number of cases occurring throughout Canada, the US and Europe.
2011 (June-August)	PH clinics were held to provide a second dose of MMR to those students who would have normally received the vaccine as a part of the six year MMR catch-up campaign in the upcoming two school years. This was done because of a measles outbreak in Quebec that began in January 2011 and an increase in the number of cases occurring throughout Canada, United States and Europe.
2011 (August)	Expansion of Pnevna [®] 13 to include all those children through five years of age who have not already completed a series Pneu-C-7 or Pneu-C-10.
2011 (May)	MMRV, Priorix-Tetra [®] , introduced for use in the NB Routine Immunization Schedule for children.
2011 (April)	Tdap added to the NB Routine Immunization Schedule for adults to replace one of the Td doses given every ten years.
2011 (January)	2nd dose of varicella added to the NB Routine Immunization Schedule for children at 18 months for all those born in 2009 and later.
2011 (January)	Tdap offered to: <ul style="list-style-type: none"> • all parents of infants born on or after January 1, 2011 as part of a cocoon strategy to protect against pertussis. • Health care providers working in acute care settings with vulnerable infants were offered Tdap at the same time.
2010-2011	Expansion of the seasonal influenza vaccine eligibility criteria to include: <ul style="list-style-type: none"> • Children aged five years to 18 years; • Household contacts of children 24 to 59 months; • Members of a household expecting a newborn during the influenza season.
2010-2011	Pharmacists engaged through NBPD [®] to administer seasonal influenza vaccine to: <ul style="list-style-type: none"> • Healthy children aged five to 18 years of age; • Individuals aged five years and older with chronic health conditions; and • Individuals 65 and older.
2010 (September)	Update of Eligibility Criteria for release of Publicly Funded Vaccines noting: <ul style="list-style-type: none"> • Products required to meet third party requests including, but not limited to travel, education and occupational purposes are not provided through the publicly funded program and; • Consultation with the RMOH is required prior to release of PPD (tuberculin skin test) to or for institutional settings including nursing homes and correctional facilities.

2010 (July 1st)	<p>Prevnar[®] was replaced by Prevnar[®]13 in the NB Routine Immunization Schedule for children:</p> <ul style="list-style-type: none"> • A six month transition and catch-up schedule was completed March 2011, followed by a routine 2+1 schedule; • The vaccine was provided to high risk children up to the age of 59 months in a 2+1 schedule or as a single catch-up dose if a previous series of Pneu-C-7 or Pneu-C-10 has been completed.
2000-2010	
2009-2010	Pandemic vaccine (pH1N1) was available for those age six months and older: Arepanrix [®] , GSK unadjuvanted vaccine and Panvax [®] were used.
2009 (November)	<p>The Public Health Act 2009-136 and accompanying regulation were proclaimed and included:</p> <ul style="list-style-type: none"> • Enhanced immunization requirements for children entering school for the first time; • New immunization requirements for children attending day cares; • Reporting requirements for all those who administer publicly funded vaccine; • Ongoing requirement of those who administer a vaccine to provide a record of the vaccine to the recipient; • Reporting requirements for adverse events following immunization.
2009 (September)	Rabies vaccine for pre-exposure removed from the Eligibility Criteria for Publicly Funded Vaccines.
2008-2009 (school year)	Human Papillomavirus vaccine (Gardasil [®]) introduced into the NB Routine Immunization Schedule for girls born in 1995 and later. To be given routinely in grade seven as part of school based programs. Also given in grade eight as a one year catch-up in the 2008/2009 school year.
2008-2009 (school year)	Measles, mumps and rubella (MMR II [®]) introduced into the NB Routine Immunization Schedule targeting grade 12 students
2007/2008 (school year)	Monovalent conjugate C vaccine was replaced by Quadrivalent conjugate ACYW-135 vaccine (Menactra [®]) in the grade nine school program.
2007-2008	<p>A six year MMR catch-up (one dose) for individuals who were not immune, who have never been immunized, or who have not already received two doses of MMR AND who are in one of the following groups:</p> <ul style="list-style-type: none"> • Students in grade 12 as part of a school based program. Although originally scheduled for completion in the 2012/2013 school year, was completed in the 2011/2012 school year because of an increase in cases of measles occurring outside of New Brunswick. • Individuals who are 24 years of age and younger • Individuals born in 1970 or later who attend a post secondary institution, or who are living in an institutional settings.
2007-2008	Expansion of the seasonal influenza eligibitly criteria to include all pregnant women
2007 (December)	The pediatric (DTaP-IPV-Hib) vaccine Pentacel TM was replaced by Pediacel [®] , a ready-to-use, fully liquid version of Pentacel TM

2007 (January)	Meningococcal quadrivalent conjugate ACYW-135 vaccine (Menactra®) provided for all those at increased risk of functional or anatomic asplenia, complement, properdin or factor D deficiency.
2006-2007 (school year)	A three year Tdap catch-up for students in grade six given as part of a school based program and ending in the 2008/2009 school year. At the end of the three years, all individuals entering middle school would have received five doses of acellular pertussis.
2006-2007	Expansion of the seasonal influenza vaccine eligibility to include all children aged six to 23 months.
2005	Meningococcal conjugate C vaccine provided for individuals of all ages who have high risk medical conditions (functional or anatomic asplenia, complement, properdin or factor D deficiency).
2005-2006 (school year)	Meningococcal conjugate C vaccine offered to all high school students (grade nine to 12) who have not had the disease or the vaccine provided by PHNs as part of a school based program.
2005-2006 (school year)	Adolescent Tdap booster moved from grade 11 to grade nine, provided by PHNs as part of a school based program.
2005 (May/June)	Meningococcal conjugate C (Neis Vac-C®) mass immunization campaign in Westmorland, Kent and Albert counties for grade five to age 19 years. More than 16,000 individuals were immunized.
2005 (March/April)	Pneumococcal conjugate vaccine (Prevnar®) introduced into the NB Routine Immunization Schedule at age two, four, six, and 18 months for children born in 2005 and later.
2005 (June)	Hepatitis B grade four catch-up school program, delivered by the Victorian Order of Nurses (VON) was completed in 2004-05 school year.
2005	Rabies PEP initiated in ERs and completed by PHN; vaccine and immune globulin no longer released to community practices.
2004-2005 (school year)	Meningococcal conjugate C immunization catch-up for grade nine students, provided by PHNs as part of a school based program.
2004-2005 (school year)	Tetanus-diphtheria-acellular pertussis (Adacel®) vaccine replaced the Td booster at age 16 (grades nine to 11 inclusive) immunized in 2004-05 provided by PHNs as part of a school based program; subsequent Tdap boosters to be administered to grade nine students.
2004 (December)	Distribution of Mumpsvox® a live attenuated monovalent mumps vaccine ceased in Canada.
2004 (August)	Hepatitis B infant schedule changed from birth, two and 12 months to birth, two, and six months.
2004 (September)	Varicella immunization catch-up for four year old children presenting for their pre-school booster.
2004 (September)	Varicella vaccine introduced into the NB Routine Immunization Schedule for children at the 12 month old visit for children born in 2003 or later.
2004 (September)	Meningococcal conjugate C vaccine introduced into the NB Routine Immunization Schedule for children born in 2003 and later to be given at the 12 month old visit.
2003 (November)	Pneumococcal conjugate vaccine (Prevnar®) provided for children < five years of age who have high risk medical conditions.

2003 (November)	Meningococcal conjugate C vaccine provided to adults and children < two years of age who have functional/ anatomic asplenia or complement, properdin or factor D deficiency.
2002	Public Health travel clinic services transferred to the private sector
2002	Expansion of the seasonal influenza vaccine eligibility to include NB citizens age 65 years and older.
2001 (May)	Rabies pre-exposure vaccine provided to persons at high risk of exposure and staff and volunteers of not-for profit animal organizations is offered at a reduced cost through PH offices.
2000	Meningococcal conjugate C vaccine provided to adults and children ≥ two years of who have functional/ anatomic asplenia or complement, properdin or factor D deficiency.
2000	<i>Haemophilus influenzae</i> type b vaccine: Provision of publicly funded vaccine to previously unimmunized children ≥ five years of age and adults with anatomic or functional asplenia and to previously unimmunized children ≥ five years of age and adults with disorders of the humoral immune system, both primary and secondary, on the recommendation of an appropriate medical specialist.
1990-2000	
1999	Implementation of an automated immunization database, CSDS (Client Service Delivery System) for Public Health use. The first immunization recorded in CSDS was on July 2, 1999.
1999 (November)	Hepatitis A and B vaccines: Provision of publicly funded vaccine to individuals seropositive for hepatitis C.
1998	Acellular pertussis vaccine: implementation of an acellular pertussis vaccine combined with diphtheria, tetanus, <i>haemophilus influenzae</i> type B (Hib) and polio (Pentacel®) or combined with diphtheria, tetanus, and polio (Quadracel®).
1997 (April)	Measles, mumps, rubella vaccine (MMR): implementation of routine, second dose targeting all infants aged 18 months and children born after October 1st 1995. MMR vaccine two dose (12 & 18 months).
1995-1996 (school year)	A ten year Hepatitis B vaccine catch up campaign for all grade four students provided by the VON through school based clinics. Records of these vaccines are available in CSDS.
1995	Hepatitis B immunization was introduced into the NB Routine Immunization Schedule for children targeting all infants born after May 1, 1995 and to be given at birth, two and twelve months of age.
1995	Hepatitis B vaccine: mass immunization (ages two months to 40 years) in Brantville- Rivière-du-Portage.
1994	Oral polio vaccine replaced injectable vaccine in a combination vaccine-diphtheria, pertussis, tetanus, polio and <i>haemophilus influenzae</i> type b (Pentacel®).
1993	Meningococcal mass immunization campaign in Westmorland and Albert counties; 51,292 individuals between the ages of two and 29 were immunized Menomune® (ten dose vials).

1992	<i>Haemophilus influenzae</i> type b - PRP-T: implementation of a combined product containing <i>haemophilus influenzae</i> type b, diphtheria, pertussis and tetanus for infants aged two, four, six and 18 months.
1990	Implementation of an automated immunization database (HNIC) for Public Health use.
1980-1990	
1989	Polio (oral) vaccine: elimination of the six-month dose.
1988	<i>Haemophilus influenzae</i> type b vaccine: universal implementation of <i>haemophilus influenzae</i> type b vaccine for children 18 months of age.
1987	<i>Haemophilus influenzae</i> type b vaccine: offered to children aged two to five years.
1984	Pneumococcal polysaccharide 23 valent vaccine replaces 14 valent vaccine.
1982	Legislation enacted making measles, mumps, rubella (one dose) and polio vaccine mandatory for school entry (three doses).
1970-1980	
1977	Influenza bivalent vaccine (A/Victoria B/Hong Kong) available for high risk groups, especially those in nursing homes and institutions including: <ul style="list-style-type: none"> • Those 65 and older; • Those between the ages of 20 and 65 who are chronically ill with one of the following conditions: heart disease of any "aetiology", chronic broncho-pulmonary disease, chronic renal disease and metabolic disease such as diabetes mellitus. <p>The vaccine was not recommended for children.</p>
1977 (SD Memo)	Measles, rubella vaccine no longer available, switched to MMR vaccine, one dose.
1976	Routine mass tuberculosis testing of school children discontinued.
1972	Universal implementation of a combined product containing rubella and measles vaccine.
1970	Rubella mass immunization campaign of all school children in grades one to four (85 percent acceptance rate).
1960-1970	
1967	Measles vaccine (live attenuated Schwarz strain) offered to one and two year old children and grade one students.
1965	OPV(oral polio vaccine)- province-wide immunization offered to all one to 30 year olds (83 percent acceptance rate).
Prior to 1960, but not specific to New Brunswick	
1949	BCG-Routine use for nursing students began; discontinued in the 1970s.

4.3.2 - History of Vaccine Use in New Brunswick - by disease

*The blue text is general information that is not specific to New Brunswick. See also: <http://www.cpha.ca/en/programs/history/achievements/12-v/timeline.aspx>

Diphtheria
2018 (March) <ul style="list-style-type: none">Tdap vaccine offered in every pregnancy, irrespective of previous Tdap immunization history.
2012-2013 (school year) <ul style="list-style-type: none">Tdap vaccine provided to students in grade 8 & 9 in areas of the province that were not captured in the 2011/2012 pertussis school immunization campaign.Tdap re-introduced into the NB Routine Immunization Schedule for students in grade 7 as part of the school based immunization program.
2012 (May) <ul style="list-style-type: none">Adacel®-Polio vaccine (Tdap-IPV) replaced Quadracel® vaccine (DTaP-IPV) for the pre-school booster dose (5th dose only) for immunization against diphtheria, tetanus, pertussis and polio.
2011-2012 (school year) <ul style="list-style-type: none">Due to pertussis outbreak; Tdap vaccine was provided to students in grades 6, 7 & 8 in the two most affected areas (Moncton and Saint John).School aged children and adolescents < 18yrs of age in close contact with infants < 1 yr of age and have not received a pertussis containing vaccine in the last five years were offered Tdap vaccine.Adults > 18yrs of age in close contact with infants < 1 yr of age and have not received a pertussis containing vaccine in the adulthood were offered Tdap vaccine.Pregnant women in the third trimester may be offered Tdap (optional and left to the discretion of the MOH in the affected areas).
2011 <ul style="list-style-type: none">Tdap added to the NB Routine Immunization Schedule for adults to replace one of the Td doses given every ten years (April 15,2011).Tetanus, diphtheria and acellular pertussis (Tdap) provided to all health care workers in the acute care setting who care for infants < 12 months of age as of January 1, 2011.Tetanus, diphtheria and acellular pertussis (Tdap) provided to parents of infants born on or after January 1, 2011 as part of a "cocoon program". Mothers immunized post partum prior to discharge while fathers/partners immunized by Public Health.
2009 (November) <ul style="list-style-type: none">The <i>Public Health Act</i> and Regulation 2009-136 were proclaimed, requiring all children entering school for the first time or attending a licensed daycare to show proof of immunization for diphtheria (as described in the Policies- <i>Required Immunization of School Children</i> and <i>Required Immunization of Children Attending Day Care</i>).
2007 (December) <ul style="list-style-type: none">The pediatric (DTaP-IPV-Hib) vaccine Pentacel™ was replaced by Pediacel®, a ready-to-use, fully liquid version of Pentacel™.

<p>2006-2007</p> <ul style="list-style-type: none"> Tetanus, diphtheria and acellular pertussis (Boostrix® or Adacel®) given to grade six students as part of a three year catch-up program, ending in the 2008/2009 school year.
<p>2005-2006 (school year)</p> <ul style="list-style-type: none"> Adolescent Tdap booster moved from grade 11 to grade nine, provided by PHNs as part of a school based program.
<p>2004-2005 (school year)</p> <ul style="list-style-type: none"> Tetanus-diphtheria-acellular pertussis (Adacel®) vaccine replaces the Td booster for the adolescent booster. Tdap catch-up for grades nine to 11 inclusive provided by PHNs as part of a school based program.
<p>1998</p> <ul style="list-style-type: none"> Introduction of an acellular pertussis vaccine combined with diphtheria, tetanus, <i>Haemophilus influenzae</i> type B (Hib) and polio (Pentacel™) or combined with diphtheria, tetanus, and polio (Quadracel™).
<p>1994</p> <ul style="list-style-type: none"> Introduction of (Penta™), a vaccine containing injectable polio vaccine, diphtheria, pertussis, tetanus and <i>Haemophilus influenzae</i> type b. Polio vaccine changed from oral to injectable polio vaccine: combined with diphtheria, pertussis, tetanus and <i>Haemophilus influenzae</i> type b.
<p>1982</p> <ul style="list-style-type: none"> Legislation enacted making diphtheria vaccine mandatory for school entry (three doses).
<p>1949</p> <ul style="list-style-type: none"> Tetanus toxoid: given alone or in combination with diphtheria and pertussis.
<p>1930s</p> <ul style="list-style-type: none"> Routine immunization against diphtheria in infancy and childhood widely practiced in Canada.
<p>1895</p> <ul style="list-style-type: none"> Diphtheria antitoxin was developed.
<p>Haemophilus influenzae type b</p>
<p>2009 (November)</p> <ul style="list-style-type: none"> The Public Health Act and Regulation 2009-136 were proclaimed, requiring all children attending a licensed daycare to show proof of immunization for <i>Haemophilus influenzae</i> type B disease (as described in the Policies- Required Immunization of Children Attending Day Care).
<p>2007 (December)</p> <ul style="list-style-type: none"> The pediatric (DTaP-IPV-Hib) vaccine Pentacel™ was replaced by Pediacel®, a ready-to-use, fully liquid version of Pentacel™.

<p>2000</p> <ul style="list-style-type: none"> • <i>Haemophilus influenzae</i> type b vaccine provided to previously unimmunized children \geq five years of age and adults with anatomic or functional asplenia and to previously unimmunized children \geq five years of age and adults with disorders of the humoral immune system, both primary and secondary, on the recommendation of an appropriate medical specialist.
<p>1998</p> <ul style="list-style-type: none"> • Introduction of an acellular pertussis vaccine combined with diphtheria, tetanus, <i>Haemophilus influenzae</i> type B (Hib) and polio (Pentacel™) or combined with diphtheria, tetanus, and polio.
<p>1994</p> <ul style="list-style-type: none"> • Introduction of (Penta™), a vaccine containing injectable polio vaccine, diphtheria, pertussis, tetanus and <i>Haemophilus influenzae</i> type b.
<p>1992</p> <ul style="list-style-type: none"> • Introduction of a combined product containing <i>Haemophilus influenzae</i> type b (PRP-T), diphtheria, pertussis and tetanus for infants aged two, four, six and 18 months.
<p>1988</p> <ul style="list-style-type: none"> • <i>Haemophilus influenzae</i> type b vaccine introduced into the NB Routine Immunization Schedule for children 18 months of age.
<p>1987</p> <ul style="list-style-type: none"> • <i>Haemophilus influenzae</i> type b vaccine offered to children aged two to five years.
<p>Hepatitis A</p>
<p>2017 (March)</p> <ul style="list-style-type: none"> • Hepatitis A vaccine was added to the "Vaccine Eligibility Criteria for High Risk for the following Individuals": <ul style="list-style-type: none"> » for splenic disorders (requiring multiple transfusions), bleeding disorders, MSM; » for all illicit drug use (no longer specific to only those participating the methadone treatment program.)
<p>1999</p> <ul style="list-style-type: none"> • Hepatitis A and B vaccines provided to individuals seropositive for hepatitis C (November 10, 1999).
<p>1996</p> <ul style="list-style-type: none"> • Introduction of hepatitis A vaccine in Canada.
<p>Hepatitis B</p>
<p>2017 (April)</p> <ul style="list-style-type: none"> • The dosage of Recombivax HB® for infants (of HB-negative mothers) to children less than 11 years of age has been changed from 0.25mL to 0.5mL.
<p>2015 (August)</p> <ul style="list-style-type: none"> • Hep B vaccine provided to target high risk group, i.e. "men having sex with men" (MSM).

<p>2005 (June)</p> <ul style="list-style-type: none"> Hepatitis B grade four catch-up school program completed.
<p>2004 (August)</p> <ul style="list-style-type: none"> Hepatitis B infant schedule changed from age zero, two and 12 months to age zero, two, and six months.
<p>2001</p> <ul style="list-style-type: none"> Thimerosal free hepatitis B vaccine introduced for use in the NB Routine Immunization Schedule.
<p>1999</p> <ul style="list-style-type: none"> Hepatitis A and B vaccines provided to individuals seropositive for hepatitis C (November 10, 1999).
<p>1995</p> <ul style="list-style-type: none"> Hepatitis B vaccine: mass immunization (ages two months to 40 years) in Brantville–Rivière-du-Portage. Hepatitis B vaccine (Recombivax HB®) introduced into the NB Routine Immunization Schedule targeting all infants born after May 1, 1995.
<p>1995-1996 (school year)</p> <ul style="list-style-type: none"> A ten year Hepatitis B vaccine catch up campaign for all grade four students provided by the Victorian Order of Nurses (VON) through school based clinics.
<p>1982</p> <ul style="list-style-type: none"> Hepatitis B vaccine becomes available.
<p>Human Papillomavirus</p>
<p>2017-2018 (school year)</p> <ul style="list-style-type: none"> HPV vaccine school based program expanded to include males born 2005 and later. HPV vaccine program enhanced from Gardasil 4 to Gardasil 9 vaccine.
<p>2015-2016 (school year)</p> <ul style="list-style-type: none"> HPV immunization program (Gardasil) changed from 3 dose schedule to a 2 dose schedule.
<p>2009-2010 (school year)</p> <ul style="list-style-type: none"> HPV immunization program delayed in some areas of the province because of H1N1 immunization campaign. Where delays occurred students were immunized in the 2010/2011 school year.
<p>2008-2009 (school year)</p> <ul style="list-style-type: none"> Human Papillomavirus vaccine (Gardasil®) introduced into the NB Routine Immunization Schedule for girls born in 1995 and later. Routinely in grade 7 as part of school based programs by PHNs but also given in grade 8 as a one year catch-up in the 2008/2009 school year.

Influenza seasonal

2015-2016

- Quadrivalent influenza vaccine replaced trivalent influenza vaccine for high risk groups.
- On November 25, 2015, Victorian Order of Nurses (VON) ceased operations in New Brunswick resulting in the termination of the contract for influenza immunization services.

2014-2015

- Pharmacists' role expanded to include influenza vaccine administration to the following groups: pregnant women, Aboriginal, and people who are capable of transmitting influenza to those at high risk. Also the requirement that the recipient of the vaccine "be known" to the pharmacist was removed.

2010

- Expansion of the seasonal influenza vaccine eligibility criteria to include: children five to 18 years; household contacts of children 24 to 59 months and members of a household expecting a newborn during the influenza season.
- Pharmacists engaged through the New Brunswick Prescription Drug Program (NBPDP) to administer seasonal influenza vaccine to healthy children aged five years to 18 years of age, those five and older with chronic health conditions and to all those aged 65 and older.

2007-2008

- Expansion of the seasonal influenza vaccine eligibility to include all pregnant women.

2006

- Expansion of the seasonal influenza vaccine eligibility to include all children aged six to 23 months.

2002

- Influenza vaccine provided to NB citizens age 65 years and older.

1977

- Influenza bivalent vaccine (A/Victoria B/Hong Kong) available for high risk groups, especially those in nursing homes and institutions including:
 - » Those 65 and older;
 - » Those between the ages of 20 and 65 who are chronically ill with one of the following conditions: heart disease of any "aetiology", chronic broncho-pulmonary disease, chronic renal disease and metabolic disease such as diabetes mellitus.

The vaccine was not recommended for children.

1945

- [First influenza vaccine used.](#)

Influenza: H1N1 and swine flu
<p>2009</p> <ul style="list-style-type: none"> • Pandemic pH1N1 vaccine available for all New Brunswicker's age six months and older: Arepanrix[®] (GSK), GSK unadjuvanted vaccine and Panvax[®] (Crucel) were used.
<p>1976</p> <ul style="list-style-type: none"> • Swine-flu vaccination campaign began and discontinued mid campaign due to cases of Guillain Barre Syndrome.
Measles
<p>2011-2012 (school year)</p> <ul style="list-style-type: none"> • MMR grade 12 catch-up program was completed a year sooner than planned (2012/2013) because of a measles outbreak in Quebec that began in January 2011 and an increase in the number of cases occurring throughout Canada, the US and Europe.
<p>2011 (June- August)</p> <ul style="list-style-type: none"> • PH clinics were held to provide a second dose of MMR to those students who would have normally received the vaccine as a part of the six year MMR catch-up campaign in the upcoming two school years. This was done because of a measles outbreak in Quebec that began in January 2011 and an increase in the number of cases occurring throughout Canada, the US and Europe.
<p>2011 (May)</p> <ul style="list-style-type: none"> • MMRV (Priorix-Tetra[®]) introduced to replace MMR and varicella vaccines given as part of the NB Routine Immunization Schedule.
<p>2009 (November)</p> <ul style="list-style-type: none"> • The Public Health Act and Regulation 2009-136 were proclaimed, requiring all children entering school for the first time or attending a licensed daycare to show proof of immunization for measles (as described in the Policies- <i>Required Immunization of School Children and Required Immunization of Children Attending Day Care</i>).
<p>2008-2009 (school year)</p> <ul style="list-style-type: none"> • Measles, mumps and rubella (MMR II[®]) introduced into the Routine Immunization Schedule targeting grade 12 students.
<p>2007-2008</p> <ul style="list-style-type: none"> • A six year (2007/2008-2012/2013) measles, mumps, rubella- second dose catch-up targeting: <ul style="list-style-type: none"> » Grade 12 students eligible to receive one dose of MMR vaccine unless they have proof of two doses; » Post secondary students born in 1970 or later eligible to receive one dose of MMR vaccine unless they have proof of two doses; » Individuals who are 24 years of age or younger eligible to receive one dose of MMR vaccine unless they have proof of two doses.
<p>2007</p> <ul style="list-style-type: none"> • Measles, mumps, rubella (MMR) immunization campaign for health care workers completed by March 31, 2007.

<p>1997 (April)</p> <ul style="list-style-type: none"> • A second dose of measles, mumps, rubella vaccine (MMR) introduced into the NB Routine Immunization Schedule targeting all infants aged 18 months and children born after October 1st 1995; no catch-up.
<p>1982</p> <ul style="list-style-type: none"> • Legislation passed making measles vaccine mandatory for school entry (one dose).
<p>1979</p> <ul style="list-style-type: none"> • Universal introduction of a combined product containing mumps, measles and rubella vaccines (MMR).
<p>1977</p> <ul style="list-style-type: none"> • Measles, rubella vaccine no longer available from Central Serum Depot, MMR vaccine introduced.
<p>1967</p> <ul style="list-style-type: none"> • (Live attenuated Schwarz strain) offered to one and two year old children and grade one students..
<p>1972</p> <ul style="list-style-type: none"> • Universal introduction of a combined product containing rubella and measles vaccine.
<p>1964</p> <ul style="list-style-type: none"> • Killed measles vaccine approved for use in Canada.
<p>1963</p> <ul style="list-style-type: none"> • Live measles vaccine approved for use in Canada.
<p>Meningococcal</p>
<p>2017 (March)</p> <ul style="list-style-type: none"> • Meningococcal B vaccine was added to the “Vaccine Eligibility Criteria for High Risk for individuals with immune-suppressing conditions.
<p>2015</p> <ul style="list-style-type: none"> • Meningococcal B vaccine provided to individuals greater than or equal to 2 months of age that have been in close contact with a case of invasive meningococcal disease (IMD) caused by serogroup B Neisseria meningitides.
<p>2009 (November)</p> <ul style="list-style-type: none"> • The Public Health Act and Regulation 2009-136 were proclaimed, requiring all children entering school for the first time or attending a licensed daycare to show proof of immunization for meningococcal as described in the Policies- Required Immunization of School Children and Required Immunization of Children Attending Day Care.
<p>2007-2008 (school year)</p> <ul style="list-style-type: none"> • Meningococcal immunization for grade nine students was enhanced by replacing a monovalent conjugate C vaccine with a quadrivalent conjugate ACYW-135 vaccine (Menactra[®]).
<p>2007 (January)</p> <ul style="list-style-type: none"> • Meningococcal quadrivalent conjugate ACYW-135 vaccine (Menactra[®]) provided for all those at increased risk of functional or anatomic asplenia, complement, properdin or factor D deficiency.

<p>2005-2006 (school year)</p> <ul style="list-style-type: none"> • Meningococcal conjugate C vaccine offered to all high school students (grade nine to 12) who have not had the disease or the vaccine.
<p>2005</p> <ul style="list-style-type: none"> • Meningococcal conjugate C vaccine available for individuals of all ages who have high risk medical conditions (functional or anatomic asplenia; complement, properdin or factor D deficiency). • Meningococcal vaccine (ACYW-135): mass immunization in Westmorland, Kent and Albert counties; 16,000 individuals between grade five and to age 19 years using Neis Vac[®] (May and June).
<p>2004-2005 (school year)</p> <ul style="list-style-type: none"> • Meningococcal conjugate C immunization catch-up for grade nine students, administered by Public Health nurses in the school setting.
<p>2004 (September)</p> <ul style="list-style-type: none"> • Meningococcal conjugate C vaccine: Introduced into the NB Routine Immunization Schedule at the 12 month old visit for children born in 2003 and later.
<p>2003 (November)</p> <ul style="list-style-type: none"> • Meningococcal conjugate C vaccine provided to adults and children < two years of age who have functional/ anatomic asplenia or complement, properdin or factor D deficiency.
<p>2000</p> <ul style="list-style-type: none"> • Meningococcal conjugate C vaccine provided to adults and children ≥ two years of who have functional/ anatomic asplenia or complement, properdin or factor D deficiency.
<p>1993</p> <ul style="list-style-type: none"> • Meningococcal vaccine (ACYW-135): mass immunization in Westmorland and Albert counties; 51,292 individuals between the ages of two and 29 were immunized using Menomune[®].
<p>Mumps</p>
<p>2011-2012 (school year)</p> <ul style="list-style-type: none"> • MMR grade 12 catch- up program was completed a year sooner than planned (2012/2013) because of a measles outbreak in Quebec that began in January 2011 and an increase in the number of cases occurring throughout Canada, the US and Europe.
<p>2011 (June- August)</p> <ul style="list-style-type: none"> • PH clinics were held to provide a second dose of MMR to those students who would have normally received the vaccine as a part of the six year MMR catch-up campaign in the upcoming two school years. This was done because of an measles outbreak in Quebec that began in January 2011 and an increase in the number of cases occurring throughout Canada, the US and Europe.
<p>2011 (May)</p> <ul style="list-style-type: none"> • MMRV (Priorix-Tetra[®]) introduced to replace MMR and varicella vaccines given as part of the NB Routine Immunization Schedule.

<p>2009 (November)</p> <ul style="list-style-type: none"> The <i>Public Health Act</i> and Regulation 2009-136 were proclaimed, requiring all children entering school for the first time or attending a licensed daycare to show proof of immunization for mumps (as described in the Policies - <i>Required Immunization of School Children and Required Immunization of Children Attending Day Care</i>).
<p>2008-2009 (school year)</p> <ul style="list-style-type: none"> Measles, mumps and rubella (MMR II®) introduced into the Routine Immunization Schedule targeting grade 12 students.
<p>2007-2008</p> <ul style="list-style-type: none"> A six year (2007/2008-2012-2013) measles, mumps, rubella- second dose catch-up targeting: <ul style="list-style-type: none"> » Grade 12 students eligible to receive one dose of MMR vaccine unless they have proof of two doses; » Post secondary students born in 1970 or later eligible to receive one dose of MMR vaccine unless they have proof of two doses; » Individuals who are 24 years of age or younger eligible to receive one dose of MMR vaccine unless they have proof of two doses.
<p>2007</p> <ul style="list-style-type: none"> Measles, mumps, rubella (MMR) immunization campaign for health care worker completed by March 31, 2007.
<p>2004 (December)</p> <ul style="list-style-type: none"> Distribution of Mumpsvax® a live attenuated monovalent mumps vaccine ceased in Canada.
<p>1997 (April)</p> <ul style="list-style-type: none"> A second dose of measles, mumps, rubella vaccine (MMR) introduced into the NB Routine Immunization Schedule targeting all infants aged 18 months and children born after October 1st 1995; no catch-up.
<p>1982</p> <ul style="list-style-type: none"> Legislation passed making mumps vaccine mandatory for school entry (one dose).
<p>1979</p> <ul style="list-style-type: none"> Universal introduction of a combined product containing mumps, measles and rubella vaccines (MMR).
<p>1977</p> <ul style="list-style-type: none"> Measles, rubella vaccine no longer available from Central Serum Depot, MMR vaccine introduced.
<p>1969</p> <ul style="list-style-type: none"> Mumpsvax® a live, attenuated monovalent mumps vaccine was approved for use in Canada.

Pertussis

2018 (March)

- Tdap vaccine offered in every pregnancy, irrespective of previous Tdap immunization history.

2015 (October – December)

- In response to a pertussis outbreak in the Moncton area, Tdap vaccination was offered to pregnant women (26 weeks gestation or greater) irrespective of their immunization history. Other strategies included ensuring that everyone was up-to-date with immunizations, especially those in close contacts with infants and children.

2012-2013 (school year)

- Tdap vaccine was provided to Students in grade 8 & 9 in the areas of the province that were not captured in the 2011/2012 pertussis school immunization campaign.
- Tdap was re-introduced into the NB Routine Immunization Schedule for students in grade 7 as part of the school based immunization program.

2012 (May)

- **Adacel®-Polio** vaccine (Tdap-IPV) replaced **Quadracel®** vaccine (DTaP-IPV) for the pre-school booster dose (5th dose only) for immunization against diphtheria, tetanus, pertussis and polio.

2011-2012 (school year)

- Due to a pertussis outbreak, Tdap vaccine was provided to students in grades 6, 7 & 8 in the two most affected areas (Moncton and Saint John).
- School aged children and adolescents < 18yrs of age in close contact with infants < 1 yr of age and have not received a pertussis containing vaccine in the last five years were offered Tdap vaccine.
- Adults > 18yrs of age in close contact with infants < 1 yr of age and have not received a pertussis containing vaccine in the adulthood were offered Tdap vaccine.
- Pregnant women in the third trimester may be offered Tdap (optional and left to the discretion of the MOH in the affected areas).

2011 (school year)

- Tdap added to the NB Routine Immunization Schedule for adults to replace one of the Td doses given every ten years (April 15, 2011).
- Tetanus, diphtheria and acellular pertussis (Tdap) provided to all health care workers in the acute care setting who care for infants under 12 months of age.
- Tetanus, diphtheria and acellular pertussis (Tdap) provided to parents of infants born on or after January 1, 2011 as part of a "cocoon program". Mothers immunized post partum prior to discharge while fathers/partners will be immunized by Public Health .

2009 (November)

- The Public Health Act and Regulation 2009-136 were proclaimed, requiring all children entering school for the first time or attending a licensed daycare to show proof of immunization for pertussis (as described in the Policies- *Required Immunization of School Children and Required Immunization of Children Attending Day Care*).

2007 (December)

- The pediatric (DTaP-IPV-Hib) vaccine **Pentacel™** was replaced by **Pediacel®**, a ready-to-use, fully liquid version of **Pentacel™** .

<p>2006-2007</p> <ul style="list-style-type: none"> Tetanus, diphtheria and acellular pertussis (Boostrix® or Adacel®) given to grade six students as part of a three year catch-up program, ending in the 2008/2009 school year.
<p>2005-2006 (school year)</p> <ul style="list-style-type: none"> Adolescent Tdap booster moved from grade 11 to grade nine, provided by PHNs as part of a school based program.
<p>2004-2005 (school year)</p> <ul style="list-style-type: none"> Tetanus-diphtheria-acellular pertussis (Adacel®) vaccine replaces the Td booster for the adolescent booster. Tdap catch-up for grades nine-11 inclusive provided by PHNs as part of a school based program.
<p>1998</p> <ul style="list-style-type: none"> Introduction of an acellular pertussis vaccine combined with diphtheria, tetanus, <i>Haemophilus influenzae</i> type B (Hib) and polio (Pentacel™) or combined with diphtheria, tetanus, and polio (Quadracel®).
<p>1997-1998</p> <ul style="list-style-type: none"> Acellular pertussis vaccine replaced whole cell vaccine.
<p>1994</p> <ul style="list-style-type: none"> Introduction of (Penta™), a vaccine containing injectable polio vaccine, diphtheria, pertussis, tetanus and <i>Haemophilus influenzae</i> type b.
<p>1980's</p> <ul style="list-style-type: none"> Whole-cell pertussis vaccine replaced by adsorbed whole cell vaccine.
<p>1949</p> <ul style="list-style-type: none"> Tetanus toxoid: given alone or in combination with diphtheria and pertussis.
<p>1945</p> <ul style="list-style-type: none"> Pertussis vaccine given alone or in combination with diphtheria toxoids introduced.
<p>1940's</p> <ul style="list-style-type: none"> Whole-cell pertussis vaccine was introduced in Canada.
<p>Pneumococcal</p>
<p>2015-16</p> <p>On November 25, 2015, Victorian Order of Nurses (VON) ceased operations in New Brunswick resulting in the termination of the contract for pneumococcal immunization services</p>
<p>2014 (June)</p> <ul style="list-style-type: none"> Expansion of Pnevna 13 to include the following groups who have not previously received Pneu-C-13 vaccine: children and adolescents (5-17 years of age) at high risk of IPD, children up to 18 years of age with asthma, adults with human immunodeficiency virus (HIV) or immunosuppressive conditions (eligible for 1 dose), and hematopoietic stem cell (HSCT) recipients (eligible to receive 3 doses).

<p>2011 (August)</p> <ul style="list-style-type: none"> Expansion of Prevnar[®]13 to include all those children through five years of age who have not already completed a series Pneu-C-7 or Pneu-C-10.
<p>2010</p> <ul style="list-style-type: none"> Prevnar[®]13 replaced Prevnar[®] (7 valent) in the NB Routine Immunization Schedule on July 1, 2010 with the two primary doses given at two and four months, and a booster at 12 months. A catch-up dose was offered to children aged 12 to 23 months until the end March 31, 2011. Children through five years of age, with conditions which place them at risk of pneumococcal disease are eligible to receive a dose of Prevnar[®]13 regardless of a previously completed Pneu-C-7 or Pneu-C-10 series.
<p>2009 (November)</p> <ul style="list-style-type: none"> The Public Health Act and Regulation 2009-136 was proclaimed requiring all children attending a licensed daycare shall show proof of immunization for pneumococcal disease (as described in the Policies- Required Immunization of Children Attending Day Care).
<p>2005</p> <ul style="list-style-type: none"> Pneumococcal conjugate vaccine (Prevnar[®]) introduced into the NB Routine Immunization Schedule at age two, four, six, and 18 months for children born in 2005 and later (March/April).
<p>2003</p> <ul style="list-style-type: none"> Pneumococcal conjugate vaccine (Prevnar[™]) provided to children < five years of age who have high risk medical conditions.
<p>1984</p> <ul style="list-style-type: none"> Pneumococcal polysaccharide 23 valent vaccine replaces 14 valent vaccine.
<p>Polio vaccine (OPV/IPV)</p>
<p>2012 (May)</p> <ul style="list-style-type: none"> Adacel[®]-Polio vaccine (Tdap-IPV) replaced Quadracel[®] vaccine (DTaP-IPV) for the pre-school booster dose (5th dose only) for immunization against diphtheria, tetanus, pertussis and polio.
<p>2009 (November)</p> <ul style="list-style-type: none"> The Public Health Act and Regulation 2009-136 were proclaimed, requiring all children entering school for the first time or attending a licensed daycare to show proof of immunization for polio (as described in the Policies- <i>Required Immunization of School Children and Required Immunization of Children Attending Day Care</i>).
<p>2007 (December)</p> <ul style="list-style-type: none"> The pediatric (DTaP-IPV-Hib) vaccine Pentacel[™] was replaced by Pediacel[®], a ready-to-use, fully liquid version of Pentacel[™].
<p>1994</p> <ul style="list-style-type: none"> Polio vaccine changed from oral to injectable polio vaccine: combined with diphtheria, pertussis, tetanus and haemophilus influenzae type b (Penta[™]).
<p>1989</p> <ul style="list-style-type: none"> Polio (oral) vaccine: elimination of the six-month dose.

<p>1982</p> <ul style="list-style-type: none"> Legislation enacted making polio vaccine mandatory for school entry (three doses).
<p>1965</p> <ul style="list-style-type: none"> Oral vaccine; province-wide immunization offered to all one to 30 year olds (83% acceptance rate).
<p>1962</p> <ul style="list-style-type: none"> Trivalent oral poliovirus vaccine (OPV) introduced in Canada. All provinces in Canada switched from IPV to OPV.
<p>1961</p> <ul style="list-style-type: none"> Monovalent oral polio licensed.
<p>1955</p> <ul style="list-style-type: none"> Introduction of inactive (IPV) in Canada.
<p>Rabies</p>
<p>2015</p> <ul style="list-style-type: none"> Rabies pre-exposure vaccine provided to individuals hired to retrieve abnormally acting wildlife as part of rabies surveillance activities for 2015 only. <p>Note - wildlife surveillance is a part of the program to distribute vaccine to wildlife population.</p>
<p>2009 (September)</p> <ul style="list-style-type: none"> Rabies vaccine for pre-exposure removed from the <i>Eligibility Criteria for Publicly Funded Vaccine</i>.
<p>2005</p> <ul style="list-style-type: none"> Rabies PEP initiated to ERs and completed by PH as a part of the NB Rabies Management Guidelines. Vaccine and immunoglobulin no longer released to community practices.
<p>2001 (May)</p> <ul style="list-style-type: none"> Rabies pre-exposure vaccine provided to persons at high risk of exposure and staff and volunteers of not-for profit animal organizations are offered at a reduced cost through PH offices.
<p>Rotavirus</p>
<p>2018 (May)</p> <ul style="list-style-type: none"> RotaTeq® vaccine (Merck Canada Inc.) replaced ROTARIX® (GlaxoSmithKline Inc.) for the routine infant immunization program. This vaccine will be administered at 2 months, 4 months, and 6 months of age (the infant must be under 15 weeks of age for 1st dose and under 8 months of age for third dose).
<p>2017 (June)</p> <ul style="list-style-type: none"> Introduction of Rotavirus vaccine into routine childhood immunization schedule at 2 and 4 months of age for infants who meet the age requirements (under 15 weeks of age for 1st dose and under 8 months of age for second dose).

Rubella
<p>2011-2012 (school year)</p> <ul style="list-style-type: none"> MMR grade 12 catch- up program was completed a year sooner than planned (2012/2013) because of a measles outbreak in Quebec that began in January 2011 and an increase in the number of cases occurring throughout Canada, the US and Europe.
<p>2011 (June- August)</p> <ul style="list-style-type: none"> PH clinics were held to provide a second dose of MMR to those students who would have normally received the vaccine as a part of the six year MMR catch-up campaign in the upcoming two school years. This was done because of a measles outbreak in Quebec that began in January 2011 and an increase in the number of cases occurring throughout Canada, the US and Europe.
<p>2011 (May)</p> <ul style="list-style-type: none"> MMRV (Priorix-Tetra[®]) introduced to replace MMR and varicella vaccines given as part of the Routine Immunization Schedule for children.
<p>2009 (November)</p> <ul style="list-style-type: none"> The Public Health Act and Regulation 2009-136 were proclaimed, requiring all children entering school for the first time or attending a licensed daycare to show proof of immunization for rubella (as described in the Policies- <i>Required Immunization of School Children and Required Immunization of Children Attending Day Care</i>).
<p>2008-2009 (school year)</p> <ul style="list-style-type: none"> Measles, mumps and rubella (MMR II[®]) introduced into the Routine Immunization Schedule targeting grade 12 students.
<p>2007</p> <ul style="list-style-type: none"> Measles, mumps, rubella (MMR) immunization campaign for health care worker completed by March 31, 2007.
<p>2007-2008</p> <ul style="list-style-type: none"> A six year (2007/2008-2012-2013) measles, mumps, rubella- second dose catch-up targeting: <ul style="list-style-type: none"> » Grade 12 students eligible to receive one dose of MMR vaccine unless they have proof of two; » Post secondary students born in 1970 or later eligible to receive one dose of MMR vaccine unless they have proof of two; » Individuals who are 24 years of age or younger eligible to receive one dose of MMR vaccine unless they have proof of two doses .
<p>1997 (April)</p> <ul style="list-style-type: none"> A second dose of measles, mumps, rubella vaccine (MMR) introduced into the NB Routine Immunization Schedule targeting all infants aged 18 months and children born after October 1st 1995; no catch-up.
<p>1982</p> <ul style="list-style-type: none"> Legislation passed making rubella vaccine mandatory for school entry (one dose).
<p>1979</p> <ul style="list-style-type: none"> Universal introduction of a combined product containing mumps, measles and rubella vaccines (MMR).

<p>1977</p> <ul style="list-style-type: none"> • Measles, rubella vaccine no longer available from Central Serum Depot, MMR vaccine introduced.
<p>1972</p> <ul style="list-style-type: none"> • Universal introduction of a combined product containing rubella and measles vaccine.
<p>1970</p> <ul style="list-style-type: none"> • Province-wide mass immunization of all school children in grades one to four (85 percent acceptance rate).
<p>1969</p> <ul style="list-style-type: none"> • Rubella vaccine introduced in Canada
<p>Smallpox</p>
<p>1980</p> <ul style="list-style-type: none"> • The World Health Assembly announced that the world was free of smallpox and recommended that all countries cease vaccination.
<p>1900</p> <ul style="list-style-type: none"> • Smallpox vaccine: vaccination process was referred to as an operation. The smallpox vaccine was the first vaccine successfully developed and administered to humans.
<p>Tetanus</p>
<p>2018 (March)</p> <ul style="list-style-type: none"> • Tdap vaccine offered in every pregnancy, irrespective of previous Tdap immunization history.
<p>2012-2013 (school year)</p> <ul style="list-style-type: none"> • Tdap vaccine provided to students in grade 8 & 9 in the areas of the province that were not captured in the 2011/2012 pertussis school immunization campaign. • Tdap was re-introduced into the NB Routine Immunization Schedule for students in grade 7 as part of the school based immunization program.
<p>2012 (May)</p> <ul style="list-style-type: none"> • Adacel®-Polio vaccine (Tdap-IPV) replaced Quadracel® vaccine (DTaP-IPV) for the pre-school booster dose (5th dose only) for immunization against diphtheria, tetanus, pertussis and polio.
<p>2011-2012 (school year)</p> <ul style="list-style-type: none"> • Due to a pertussis outbreak, Tdap vaccine was provided to students in grades 6, 7 & 8 in the two most affected areas (Moncton and Saint John). • School aged children and adolescents < 18yrs of age in close contact with infants < 1 yr of age and have not received a pertussis containing vaccine in the last five years were offered Tdap vaccine. • Adults > 18yrs of age in close contact with infants < 1 yr of age and have not received a pertussis containing vaccine in the adulthood were offered Tdap vaccine. • Pregnant women in the third trimester may be offered Tdap (optional and left to the discretion of the MOH in the affected areas).

<p>2011 (school year)</p> <ul style="list-style-type: none"> • Tdap added to the NB Routine Immunization Schedule for adults to replace one of the Td doses given every ten years (April 15, 2011). • Tetanus, diphtheria and acellular pertussis (Tdap) provided to all health care workers in the acute care setting who care for infants under 12 months of age. • Tetanus, diphtheria and acellular pertussis (Tdap) provided to parents of infants born on or after January 1, 2011 as part of a “cocoon program”. Mothers immunized post partum prior to discharge while fathers/partners will be immunized by Public Health.
<p>2009 (November)</p> <ul style="list-style-type: none"> • The <i>Public Health Act</i> and Regulation 2009-136 were proclaimed, requiring all children entering school for the first time or attending a licensed daycare to show proof of immunization for tetanus (as described in the Policies- <i>Required Immunization of School Children and Required Immunization of Children Attending Day Care</i>).
<p>2007 (December)</p> <ul style="list-style-type: none"> • The pediatric (DTaP-IPV-Hib) vaccine PentacelTM was replaced by Pediacel[®], a ready-to-use, fully liquid version of PentacelTM.
<p>2006-2007</p> <ul style="list-style-type: none"> • Tetanus, diphtheria and acellular pertussis (Boostrix[®] or Adacel[®]) given to grade six students as part of a three year catch-up program, ending in the 2008/2009 school year.
<p>2005-2006 (school year)</p> <ul style="list-style-type: none"> • Adolescent Tdap booster moved from grade 11 to grade nine, provided by PHNs as part of a school based program.
<p>2004-2005 (school year)</p> <ul style="list-style-type: none"> • Tetanus-diphtheria-acellular pertussis (Adacel[®]) vaccine replaces the Td booster for the adolescent booster. • Tdap catch-up for grades nine-11 inclusive provided by PHNs as part of a school based program.
<p>1998</p> <ul style="list-style-type: none"> • Introduction of an acellular pertussis vaccine combined with diphtheria, tetanus, haemophilus influenzae type B (Hib) and polio (PentacelTM) or combined with diphtheria, tetanus, and polio (Quadracel[®]).
<p>1994</p> <ul style="list-style-type: none"> • Introduction of (PentaTM), a vaccine containing injectable polio vaccine, diphtheria, pertussis, tetanus and <i>Haemophilus influenzae</i> type b.
<p>1982</p> <ul style="list-style-type: none"> • Legislation enacted making tetanus vaccine mandatory for school entry (three doses).
<p>1949</p> <ul style="list-style-type: none"> • Given alone or in combination with diphtheria and pertussis.
<p>1940</p> <ul style="list-style-type: none"> • Introduction of tetanus toxoid.

Tuberculin skin testing
<p>1976</p> <ul style="list-style-type: none"> Routine mass tuberculosis testing of school children discontinued.
Tuberculosis (BCG)
<p>2011 (June)</p> <ul style="list-style-type: none"> Eligibility criteria for publicly funded PPD clarified highlighting that third party occupational, educational and travel requests are not covered and that consultation with the RMOH is required prior to release of product to or for institutional settings including nursing homes and correctional facilities.
<p>1970s</p> <ul style="list-style-type: none"> Discontinued use in nursing students.
<p>1949</p> <ul style="list-style-type: none"> Routine use for nursing students began. <p>BCG Usage in Canada- http://www.phac-aspc.gc.ca/tbpc-latb/bcgvac_1206-eng.php</p>
Varicella
<p>2015-2016 (school year)</p> <ul style="list-style-type: none"> Introduction of varicella catch-up program (eight years) targeting individuals born 2000-2008 and provided through the school immunization program. For the school year 2015/16, students in grades 9 & 10 who were born in 2000 & 2001 were eligible to receive a second dose of varicella vaccine. For the school years 2016/17 to 2022/23, the vaccine will be given in grade 9 to eligible students.
<p>2011</p> <ul style="list-style-type: none"> MMRV (Priorix-Tetra[®]) introduced to replace MMR and varicella vaccines given as part of the Routine Immunization Schedule for Children (May). Second dose introduced into the NB Routine Immunization Schedule at 18 months of age (January).
<p>2009 (November)</p> <ul style="list-style-type: none"> The Public Health Act and Regulation 2009-136 were proclaimed, requiring all children entering school for the first time or attending a licensed daycare to show proof of immunization for varicella (as described in the Policies- <i>Required Immunization of School Children and Required Immunization of Children Attending Day Care</i>).
<p>2004 (September)</p> <ul style="list-style-type: none"> Single dose introduced into the NB Routine Immunization Schedule at the 12 month old visit for children born in 2003 or later. Catch-up for four year old children presenting for their pre-school booster.

4.3.3 - School Program

Td/Tdap (routine and catch-up)											
School Year											
	2003-2004 & earlier	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	
	Td	Tdap									
Grade 6				X ¹	X ¹	X ¹			X ²		Delivered in subsequent years to grade 7 students as part of the routine school immunization program
Grade 7									X ²	X	
Grade 8									X ²	X ³	
Grade 9		X ¹	X	X	X	X				X ³	
Grade 10		X ¹									
Grade 11	X	X ¹									

1- Catch-up for students who were immunocompetent

2- Outbreak response: In school year 2011-2012, students in grade 6, 7, & 8 in Regions 1 & 2 received Tdap

3- Outbreak response: In school year 2012-2013, students in grade 8 & 9 in Regions 3, 4, 5, 6 & 7 received Tdap

Meningococcal (routine and catch-up)					
School Year					
	2004-2005	2005-2006	2006-2007	2007-2008	
	Men-C			Men-C-ACYW-135	
Grade 9	X	X ¹	X	X	Delivered in subsequent years to grade 9 students as part of the routine school immunization program
Grade 10		X ¹			
Grade 11		X ¹			
Grade 12		X ¹			

1 - Catch-up for students who were immunocompetent

Note: In May/June 2005, students in grades 5 – 12 and individuals up to 19 years of age were offered Men-C vaccine as part of a mass immunization campaign (Greater Moncton area - Westmorland, Kent and Albert counties).

HPV 4 – girls (routine and catch-up)			
School Year			
	2008-2009	2009-2010	
Grade 7	X	X	From school years 2011-2012 to 2016-2017, HPV 4 vaccine was given to grade 7 girls as part of the routine school immunization program
Grade 8	X ¹		

1 - Catch-up for grade 8 girls

Note: In some areas of the province, HPV was not delivered in the 2009/2010 school year because of the H1N1 pandemic immunization campaign. In those areas, HPV vaccine was offered to girls in both grades 7 & 8 (as a catch-up) in the 2010/2011 school year.

HPV 9 – boys and girls (routine)		
School Year		
	2017-2018	
Grade 7	X	Delivered in subsequent years to grade 7 students as part of the routine school immunization program.

MMR (catch-up)					
School Year					
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Grade 11					X*
Grade 12	X*	X*	X*	X*	X*

* Catch-up

Hepatitis B (catch-up)	
School Year	
	1995-1996 to 2004-2005 incl.
Grade 4	X*

* Catch-up

Varicella (catch-up)								
School Year								
	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Grade 9	X*							
Grade 10	X*							

* Catch-up