Assessment Tool to Determine the Validity of Vaccine Doses

Note: Refer to the Canadian Immunization Guide and New Brunswick (NB) immunization program directives for recommendations for children not immunized in early infancy or childhood or who are immunized as a part of a catch-up or transition schedule.

Diphtheria, Tetanus, Acellular Pertussis-paediatric (DTaP)				
	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
DTaP-I	2 months	6 weeks	2 months	4 weeks
DTaP-2	4 months	10 weeks	2 months	4 weeks
DTaP-3	6 months	14 weeks	12 months	6 months
DTaP-4	18 months	12 months	2.5 years	6 months
DTaP-5/Tdap-5 (1)	4 years	4 years		

⁽¹⁾ The fifth dose is **not** required if the fourth dose is given after the fourth birthday. Must be at least 4 years of age.

Note: Children who have received Tdap-IPV as a preschool booster (fourth or fifth dose) do not have to be re-immunized with DTaP-IPV-Hib and should be marked as meeting school immunization requirements.

Haemophilus influenzae type b (Hib) if age of first dose is given between 2–6 months (2) (3)				
Recommended age Minimum age Recommended interval Minimum interval for this dose for this dose to next dose to next dose				
Hib-I	2 months	6 weeks	2 months	4 weeks
Hib-2	4 months	10 weeks	2 months	4 weeks
Hib-3	6 months	14 weeks	12 months	6 months
Hib-4	18 months	12 months		

⁽²⁾ Hib is not routinely recommended for children over 5 years. Number of doses required depends on age at 1st dose. See detailed vaccine Hib schedule Canadian Immunization Guide

⁽³⁾ Proof of immunization with Hib is not required for entry to NB schools for the first time

Hepatitis B (HB) (4) (5)				
	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
HB-I	Birth	Birth	2 months	4 weeks
HB-2	2 months	4 weeks	4 months	2 months and 4 months after I st dose
HB-3	6 months	24 weeks		

⁽⁴⁾ Proof of immunization with HB is not required for entry to NB schools for the first time.

⁽⁵⁾ Proof of immunization with HB is not required for attendance at day care

	Human Papillomavirus – types 6, 11, 16 & 18 (HPV 4) (6) (2 dose schedule)					
Recommended age for this dose Minimum age Recommended interval Minimum into to next dose to next dose to next dose						
HPV 4-I	Grade 7 females	Grade 7 females	6 months	24 weeks (6 months)		
HPV 4-2						

⁽⁶⁾ Proof of immunization with HPV is not required for entry to NB schools for the first time.

Human Papillomavirus - types 6, 11, 16 & 18 (HPV 4) (6) (3 dose schedule)

The following groups should continue to receive three doses of HPV vaccine:

- Girls who are Immunocompromised
- Immunocompetent HIV infected girls
- Girls who have not received any dose of HPV vaccine by 15 years of age.

	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
HPV 4-I	Grade 7 females or	Grade 7 females	2 months	4 weeks (I month)
HPV 4-2	those born in 1995 and later and as part of a school program		4 months	12 weeks (3 months) should be between 2nd and 3rd dose; and 24 weeks (6 months) should be between 1st & last dose.
HPV 4-3				

⁽⁶⁾ Proof of immunization with HPV is not required for entry to NB schools for the first time.

Human Papillomavirus – HPV 9 (6) (2 dose schedule)				
	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
HPV 9-I	Grade 7	Grade 7	6 months	24 weeks (6 months)
HPV 9-2				

⁽⁶⁾ Proof of immunization with HPV is not required for entry to NB schools for the first time.

Human Papillomavirus - HPV 9 (6) (3 dose schedule)

The following groups should continue to receive three doses of HPV vaccine:

- Individuals who are Immunocompromised
- Immunocompetent HIV infected individuals
- Individuals who have not received any dose of HPV vaccine by 15 years of age

	Findividuals who have not received any dose of HFV vaccine by 13 years of age				
	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose	
HPV 9-I	Grade 7	Grade 7	2 months	4 weeks (I month)	
HPV 9-2			4 months	12 weeks (3 months) should be between 2nd and 3rd dose; and 24 weeks (6 months) should be between 1st & last dose.	
HPV 9-3					

⁽⁶⁾ Proof of immunization with HPV is not required for entry to NB schools for the first time

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Inactivated Polio (IPV)				
	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
IPV-I	2 months	6 weeks	2 months	4 weeks
IPV-2	4 months	10 weeks	2 months	4 weeks
IPV-3	6 months	14 weeks	I2 months	6 months
IPV-4	18 months	12 months	2.5 years	6 months
IPV-5 (7)	4 years	4 years		

(7) IPV is a four-dose schedule. The 6-month dose is given for convenience with combined vaccine. For verification, the booster dose at 4 to 6 years of age is not required if the third dose of IPV-containing vaccine was administered after the fourth birthday.

Influenza- inactivated (Inf) (8) (9) (10)					
Recommended age Minimum age Recommended interval Minimum interval to next dose to next dose					
Inf-I	6 months and older (annually)	6 months	4 weeks (where applicable)	4 weeks (where applicable)	
Inf-2	6 months – 8 years inclusively if no previous dose				

- (8) Proof of immunization with Inf is not required for entry to NB schools for the first time.
- (9) Proof of immunization with Inf is not required for attendance at day care
- (10) All children ages 6 months through 8 years inclusively who receive a seasonal influenza vaccine for the first time should be given 2 doses. Refer to current NB Influenza program for additional details.

Measles, Mumps, Rubella (MMR)					
Recommended age for this dose for this dose Recommended interval to next dose to next dose					
MMR-I	I2 months (11)	12 months	6 months	4 weeks	
MMR-2	18 months	13 months			
(11) Should be giver	(11) Should be given after first birthday.				

Measles, Mumps, Rubella and Varicella (MMRV) Refer to NACI if both MMRV and Var have been used				
Recommended age for this dose for this dose Recommended interval to next dose for this dose				
MMRV-I	I2 months (12)	12 months	6 months	3 months (13)
MMRV-2	18 months	15 months		

- (12) Should be given after first birthday.
- (13) Three months is the preferred minimal interval, however a 4-week interval between first and second dose may be used if a rapid complete protection is required.

MMRV can be given from 7-12 years old. From 13 years of age and older, MMR and Var should be administered separately.

Varicella Proof: A self-reported history and/or a heath care provider diagnosis of varicella disease occurring before 2004 are considered a reliable correlate of immunity. If varicella disease occurred on or after 2004, neither a self-reported history nor health care provider diagnosis can be considered a reliable correlate of immunity; a laboratory confirmed diagnosis of varicella/herpes zoster is necessary for individuals experiencing varicella disease on or after 2004.

Meningococcal Conjugate (Men-C-C) (14)				
	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
Men –C -C	12 months	12 months		
44.00.14				

(14) If an infant Men-C-C series has been given, the 12 month dose is still required. However, a 6 month interval is required since the last dose.

Meningococcal Conjugate (Men-C-ACYW-135) (15)						
		Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose		
Men-C-ACYW-135	Grade 9	9 months				

An adolescent dose is considered to be a vaccine administered at the minimum of 12 years of age.

(15) Men-C-ACYW135 is not authorized for use in children less than 9 months of age; however, NACI recommends its use as early as 2 months of age in high risk individuals. These schedule options are based on published clinical trials and the suggestion that a dose of meningococcal conjugate vaccine be given in the second year of life (12 to 23 months) for children vaccinated at less than 1 year of age.

Men-C-AWYW-135 vaccines are not authorized for use in those 56 years of age and older, based on limited evidence and expert opinion its use is considered appropriate.

MPOX (18	М	P	7)	((18)

	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
MPOX-I	18 years old	18 years old	28 days	28 days
MPOX-2	18 years old	18 years old		

(18) Invamune has not been approved for use in persons under 18 years of age. The benefits and risks of vaccinating a person under the age of 18 should be assessed on a case-by-case basis with the RMOH.

Pneumococcal-Conjugate-valent (2+1 schedule with Pneu-C-15)					
	Recommended interval to next dose	Minimum interval to next dose			
Pneu-C-15 - I	2 months	6 weeks	2 months	8 weeks	
Pneu-C-15 -2	4 months	14 weeks	8 months	8 weeks	
Pneu-C-15 -3	12 months	12 months			

The number of doses required to complete a pneumococcal conjugate vaccination series for children with interrupted or incomplete schedules varies with the age of the child. Refer to the Canadian Immunization Guide.

Pneumococcal-Conjugate-valent (3+1 schedule with Pneu-C-20- children high risk of IPD)						
Recommended age Minimum age Recommended interval Minimum interval for this dose for this dose to next dose to next dose						
Pneu-C-20 - I 2 months		6 weeks	2 months	8 weeks		
Pneu-C-20 -2	Pneu-C-20 -2 4 months I		2 months	8 weeks		
Pneu-C-20 -3	6 months	12 months	8 weeks			
Pneu-C 20 -4	18 months	12 months				

Infants at high risk of IPD should receive a 3 + 1 dose schedule. Infants with eligible conditions who started their series with Pneu-C-13 or Pneu-C-15, should continue their series with Pneu-C-20.

The minimum interval for individuals who received Hematopoietic stem cell transplantation (HSCT) is 4 weeks. Refer to the Canadian Immunization guide.

Post-Exposure Prophylaxis for Persons Potentially Exposed to Rabies						
		Vaccine Rab				
	Day 0 Day 3 Day 7 Day 14 Day 28				Day 0	
Immunocompetent & unimmunized	✓	✓	✓	✓		✓
Immunocompetent & appropriately immunized	√	✓				
Immunocompromised or are taking antimalarial drugs	✓	✓	✓	✓	✓	✓

- Vaccination schedules for post-exposure prophylaxis should be adhered to as closely as possible; it is essential
 that all doses be received.
- If a dose of rabies vaccine is given at less than the recommended interval, that dose should be ignored and the dose given at the appropriate interval from the previous dose.
- If a dose of vaccine is delayed, it should be given as soon as possible and the schedule resumed, respecting the appropriate intervals from the latest dose.
- There is flexibility in what time of day doses can be administered; However, spacing between doses I and 2 should be as close as reasonably possible to 72 hours. For example: if the 1st dose is administered on day 0 at 11:30pm; the 2nd dose can be administered at the end of the business/work day on day 3 or the morning of day 4.
- If there is doubt about a sufficient immune response, post-vaccination serology should be obtained 7 to 14
 days after completing the vaccination series.
- * Rablg can be provided up to and including day 7 after vaccine is initiated

	Rotavirus (RV)- Rotarix (Rot 1)							
Series Dose	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose	Maximum age for this dose			
RV-I	2 months	6 weeks (6 weeks and 0 days)	2 months	4 weeks	Less than 15 weeks (14 weeks and 6 days)			
RV-2	4 months	10 weeks			before 8 Months			

	Rotavirus (RV)- Rotateq (Rot 5)						
		Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose	Maximum age for this dose		
RV-I	2 months	6 weeks	2 months	4 weeks	Before 15 weeks		
RV-2	4 months	10 weeks	2 months	4 weeks			
RV-3	6 months	14 weeks			Before 8 months		

Tdap-IPV, Tdap and/or Td/IPV for those 7 Years and older					
Number of valid doses of DTaP-IPV-Hib or DTaP-IPV received under 7 years of age	Individual's current age	Doses to complete series	Recommended interval to next dose		
			2 months		
		I) Tdap-IPV	2 months		
	7 to 17 years	2) Tdap	6-12 months		
I dose		3) Tdap-IPV			
		I) Tdap-IPV	2 months		
	18 years and older	2) Td	6-12 months		
		3) Td/IPV	10 years (Td)		
			6-12 months		
		I) Tdap-IPV	6-12 months		
2 doses	7 to 17 years	2) Tdap			
		I) Tdap-IPV	6-12 months		
	18 years and older	2) Td	10 years (Td)		
			6-12 months		
3 doses	7 to 17 years	Tdap-IPV*			
	18 years and older	Tdap-IPV*	10 years (Td)		
4 doses received under	7 to 17 years	Tdap-IPV			
4 years of age	18 years and older	Tdap-IPV	10 years (Td)		
*An additional dose of	f IPV is not required if the 3	rd dose of IPV was provide	d on or after age 4.		

Tetanus, Diphtheria, and Acellular Pertussis (Tdap)						
	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose		
Tdap	Grade 7 — — — — — — — — — — — — — — — — — —					

- An adolescent dose is considered to be a vaccine administered at the minimum of 12 years of age or within the grade 7 school immunization program. In an outbreak situation, there may be exceptions at the discretion of the Regional Medical Officer of Health.
- There is no evidence of increased risk of severe adverse events for adolescents after receiving diphtheria- and tetanus toxoid-containing vaccines at intervals of < 5 years, therefore the pertussis booster should not be delayed regardless of the elapsed time since the previous diphtheria- and tetanus toxoid-containing vaccine.

Varicella (Var) Refer to NACI if both MMRV and Var have been used					
	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose	
Var-I	12 months (16)	12 months	6 months	3 months (17)	
Var-2	18 months				

(16) Should be given after first birthday.

(17) Three months is the preferred minimal interval, however a 4 week interval between first and second dose may be used if a rapid complete protection is required.

Varicella Proof: A self-reported history and/or a heath care provider diagnosis of varicella disease occurring before 2004 are considered a reliable correlate of immunity. If varicella disease occurred on or after 2004, neither a self-reported history nor health care provider diagnosis can be considered a reliable correlate of immunity; a laboratory confirmed diagnosis of varicella/herpes zoster is necessary for individuals experiencing varicella disease on or after 2004.

Note:

Vaccine doses administered up to four days before the minimum interval or age can be counted as valid.

Ref: Epidemiology and Prevention of Vaccine-Preventable Diseases, Centers for Disease Control and Prevention ("The Pink Book")

References:

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- 3. Vaccine Manufacturers Product Monographs
- 4. Publicly-Funded Immunization Schedules for Ontario January 2022
- 5. Epidemiology and Prevention of Vaccine-Preventable Diseases, Centers for Disease Control and Prevention ("The Pink Book")
- 6. American Academy of Pediatrics- Red Book 33rd Edition

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