Eligibility Criteria Table for Publicly Funded Vaccines/Biologics in New-Brunswick

The Biologics and Genetic Therapies Directorate of Health Canada is the regulatory authority which approves vaccines for use in Canada. Although health care providers may use a product once approved for use, each province and territory decide if and how the vaccine will be used in the publicly funded program. Publicly funded vaccines in New Brunswick (NB) are provided through the routine childhood and adult schedules, targeted programs for high-risk individuals and for communicable disease follow-up.

Publicly funded vaccines include doses required to complete a primary series or booster doses only. Reimmunization in the event that an individual remains non-immune (after titration) following primary series and booster doses will not be funded by the province.

Vaccines required to meet third party demands such as educational, occupational or travel requirements, are not provided through the publicly funded program. Vaccines and biologics are not routinely provided through the publicly funded program to visitors or temporary residents of NB; however, the eligibility criteria may be subject to change in certain circumstances. A decision regarding immunization of non-residents is to be made in consultation with the Medical Officer of Health. See the NB Immunization Program Guide document - *Eligibility Criteria Standards for Publicly Funded Vaccines and Biologics*.

The following table outlines the eligibility criteria for publicly funded vaccines in New Brunswick. The distribution of vaccines occurs through the Central Serum Depot and a series of Serum Sub Depots located throughout the province. The NB eligibility criteria for all routine immunization programs are established by **date of birth** (i.e., childhood, school-based, adult immunization programs). The eligibility criteria may change based on evolving epidemiology or other circumstances.

Individuals eligible to receive the following vaccines and biologics at no charge are listed below:

Active Immunizing Agents
Diphtheria, Tetanus, Acellular Pertussis, Inactivated Polio, Haemophilus influenza type b (DTaP-IPV-Hib)
• Routine immunization of children < 5 years of age needing a primary series or booster dose(s).
Haemophilus influenza type b (Hib)
• Children < 5 years of age needing a primary series or booster dose (normally received as a part of combination vaccine). • All individuals ≥ 5 years of age, not previously immunized and with health conditions that place them at greater risk of Hib (please see table #2).

Hepatitis A (HA)

- Post exposure prophylaxis (1 dose) **AND** in consultation with the Regional Medical Officer of Health (RMOH)
- Individuals with health conditions or circumstances that place them at greater risk of HA (please see table #2).

Hepatitis B (HB)

- Routine immunization of infants and children and individuals born 1986 and later requiring primary immunization.
- Household and/or sexual contacts of persons with acute and chronic HBV infection, **AND** in consultation with the RMOH.
- Individuals with health conditions or circumstances that place them at greater risk of HB (please see table #2).

Hepatitis A and B (HAHB)

- Individuals who are Hepatitis C seropositive and:
  - have no evidence of immunity from previous hepatitis A or B infection or HA or HB vaccine*
- Illicit drug use and:
  - have no evidence of immunity from previous hepatitis A or B infection or HA or HB vaccine*
- Individuals with health conditions or circumstances that place them at greater risk of HA and HB (please see table #2).

* *Testing is not required but if known, should be considered*.

Human Papillomavirus (HPV)

- Grade 7 females or those born in 1995 and later until they reach the age of 27 years of age.
- Grade 7 males or those born in 2005 or later until they reach the age of 27 years of age.

Inactivated Polio (IPV)

- Routine immunization of children less than 18 years of age.
- Adults with an incomplete childhood series as per the most recent edition of the CIG.
- Individuals (children and adults) new to Canada with incomplete immunization should be immunized with IPV-containing vaccine as per the most recent edition of the CIG. (Immunization of persons new to Canada: CIG)

Influenza (Inf)

- Standard Quadrivalent Influenza (QIV):
  - Individuals 6 months of age and older.
- Live Attenuated Influenza Vaccine (LAIV):
  - Individuals 2 to 17 years of age (less than 18 years).
- High Dose Influenza (HD):
  - Individuals 65 years and older.

NOTE: The Live Attenuated Influenza Vaccine* (LAIV) should not be used in children or adolescents for whom it is contraindicated or for whom there are warnings and precautions such as those with:

- Severe asthma (defined as currently on oral or high-dose inhaled glucocorticosteroids or active wheezing).
- Medically attended wheezing in the 7 days prior to vaccination.
- Current receipt of aspirin or aspirin-containing therapy.
- Immune compromising conditions, with the exception of stable HIV infection, i.e., if the child is currently being treated with HAART for at least 4 months and has adequate immune function.
- Pregnancy
  - in pregnancy, the inactivated influenza vaccine should be used instead of the live attenuated influenza vaccine.

**See the Canadian Immunization Guide for more information: Influenza vaccine: Canadian Immunization Guide - Cavvnada.ca*

Measles, Mumps and Rubella (MMR) See also MMRV
• Routine immunization of infants and children born in 1995 or later who have not previously received two doses of an MMR. • Immunization of adults born in 1970 or later who have not previously received two doses of MMR.
Measles, Mumps Rubella and Varicella (MMRV) **See also MMR and Var**
• Routine immunization of infants and children aged 12 and 18 months (started MMRV in 2011).
Meningococcal Recombinant type B
• 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 meningitidis; (in consultation with RMOH). • Individuals with health conditions or circumstances that place them at greater risk of invasive meningococcal disease (IMD) caused by serogroup B Neisseria meningitidis. (Please see table #2).
Meningococcal Conjugate C (Men C-C)
• Children born in 2003 and later. • Close contacts of a case of invasive meningococcal C disease, **AND** in consultation with the RMOH.
Meningococcal Conjugate (Men-C-ACYW-135)
• Given to grade 9 students. • Those who were not immunized in grade 9 are eligible to receive the vaccine until they reach the age of 25 years. • Close contacts of a case of invasive meningococcal ACYW-135 disease, **AND** in consultation with the RMOH. • Individuals with health conditions or circumstances that place them at greater risk of invasive meningococcal disease (IMD) caused by serogroup ACYW-135. (Please see table #2).

MPOX

- Two-doses series is recommended to individuals of any age who consider themselves as:
    - Cisgender, transgender or two-spirit individuals who self-identify as belonging to the gay, bisexual or men-who-have-sex-with-men community and who are or plan to become sexually active with more than one partner.
    - Individuals who self-identify as sex workers.
    - Staff or volunteers in sex-on-premises venues.
- Contacts of those who test positive for MPOX may be eligible for publicly funded vaccine. Each situation must be discussed with RMOH.

Pneumococcal Conjugate (Pneu-C-15)

Routine immunization for children

Children under 5 years of age needing a primary series and/or booster dose:

- For healthy children who are not at increased risk of invasive pneumococcal disease (IPD): 3-dose schedule is recommended.
- May be used **interchangeably** with Pneu-C-13.
- Children under 5 years of age who completed their series with Pneu-C-7 or Pneu-C-10 can receive a dose of Pneu-C-15 (for healthy children) or Pneu-C-20 (if at high risks for IPD).

NOTE: 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 Canadian Immunization Guide)

High risk immunization for children

Refer to the section below for pneumococcal conjugate Pneu-C-20.

Reference:

Canadian Immunization Guide: pneumococcal vaccines

Pneumococcal Conjugate (Pneu-C-20)

Routine immunization for adults

All adults ≥ 65 years of age who have never previously received a dose of Pneu-P-23 vaccine can receive one dose of Pneu-C-20**.**

- If a dose of Pneu-P-23 was received ≥ 65 years of age, no Pneu-C-20 is needed.

Adults at increased risk of invasive pneumococcal disease (see table #2)

- Individuals ≥18 years with eligible conditions who have never received a pneumococcal vaccine can receive one dose of Pneu-C-20.
- Individuals ≥18 years with eligible conditions and previously vaccinated with Pneu-C-13 and Pneu-P-23 can receive a dose of Pneu-C-20 at least **one year** after the last dose of Pneu-P-23.
- Individuals ≥18 years with eligible conditions and previously vaccinated only with Pneu-P-23 can receive a dose of Pneu-C-20 at least **one year** after their dose Pneu-P-23.
- Individuals ≥18 years with eligible conditions and previously vaccinated with Pneu-C-13 only, can be given a dose of Pneu-C-20 at least **one year** after the last dose of Pneu-C-13. However, a minimum interval of 8 weeks is needed between Pneu-C-13 and Pneu-C-20.
- Individuals ≥18 years newly admitted to a long-term care facility can receive one dose of Pneu-C-20. (For the schedule to be followed for a person who has already received a pneumococcal vaccine, refer to the Canadian Immunization Guide)
- Hematopoietic stem cell transplant recipients (HSCT) can receive a 3+1 dose schedule. The timing should be determined in consultation with the transplant specialist. (Refer to Canadian Immunization Guide)

Infants at increased risk of invasive pneumococcal disease (IPD) (see table #2)

- 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. Refer to: Recommended schedules for Pneu-C-20 vaccine for children 2 months to less than 18 years of age with medical or environmental IPD risk factors, by pneumococcal conjugate vaccine history.

Children at increased risk of invasive pneumococcal disease (see table #2)

- Children 5 years and under at increased risk of IPD who have already completed a 3-dose schedule of conjugated vaccines (Pneu-C) can receive one dose of Pneu-C-20 at least **eight weeks** after the last dose.

- Individuals 5 years to less than 18 years who are at highest risk of IPD (immunocompromising conditions, chronic kidney disease, chronic liver disease including hepatic cirrhosis) can receive one dose of Pneu-C-20.

- Individuals ≤ 17 years old who received a hematopoietic stem cell transplant (HSCT) can receive a 3+1 dose schedule. The timing should be determined in consultation with the transplant specialist. (Refer to Canadian Immunization Guide)

References:

NB Respiratory Season Vaccine Guide

Canadian Immunization Guide: pneumococcal vaccines

Rabies (Rab)

Post-exposure:

- Provided to individuals determined to be at risk as a result of an exposure to a potentially rabid animal as per the NB Rabies Management Protocol.
- May be used in conjunction with RabIg (see information on RabIg in the section on Passive Immunizing Agents on page 7).

Rotavirus

- Routine immunization of infants born 2017 and later who meet the following age requirements: under 15 weeks of age for 1st dose and under 8 months of age for third dose.

Tetanus, Diphtheria, Acellular Pertussis (Tdap)

- Grade 7 students.
- Adults requiring primary immunization (1 dose) as per the most recent edition of the CIG.
- Adults requiring pertussis booster (1 dose) as per the most recent edition of the CIG.
- Pregnant individuals, in every pregnancy (regardless of previous Tdap history) as per the most recent edition of the CIG.

Tetanus, Diphtheria, Acellular Pertussis and Inactivated Polio (Tdap-IPV)

- Routine preschool booster for children (< 7 years).
- Individuals 7 -17 years of age requiring primary immunization as per the most recent edition of the CIG.

Tetanus and Diphtheria (Td)

- Adults requiring a primary series or booster dose(s) as per the most recent edition of the CIG.
- A booster dose is recommended every 10 years.

Varicella (Var)

See also MMRV

Routine immunization of infants and children (see MMRV)

- Individuals born 2000 and later requiring primary immunization are eligible to receive two doses of varicella vaccine.
- All individuals, not previously immunized and with health conditions that place them at greater risk of varicella (please see table #2).

NOTE: 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.

Passive Immunizing Agents

Botulism Antitoxin (BAtx)

- Used therapeutically for patients with established or suspected botulism.
- Used for prophylaxis in asymptomatic people strongly suspected of having eaten food contaminated with botulism toxin **AND** in consultation with the OCMOH through the RMOH.

Diphtheria Antitoxin (DAtx)

- Used when there is clinical suspicion of diphtheria **AND** in consultation with the OCMOH through the RMOH.

Hepatitis B Immunoglobulin (HBIg)

- Susceptible individuals with percutaneous or mucosal exposure to blood or other infectious body fluids containing hepatitis B virus.
- Susceptible individuals who are sexual contacts of case with an acute case of hepatitis B **AND** in consultation with the RMOH.
- Infants born to mothers with acute or chronic hepatitis B infection.

Rabies Immunoglobulin (RabIg)

Post-exposure:

- Provided to individuals determined to be at risk as a result of an exposure to a potentially rabid animal as per the NB Rabies Management Protocol.
- Used in conjunction with Rab (rabies vaccine).

Other Products

Tuberculin (PPD/PPD-T)

- Persons of any age with risk factors for infection, reactivation and development of active tuberculosis (TB) as per the Canadian TB Standards.
- Persons with a history of active TB or with radiographic findings suggestive of past TB who have **NOT** received adequate therapy.
- Close contacts of individuals with known or suspected active TB.
- Foreign born persons referred for medical surveillance by Immigration, Refugees, and Citizenship Canada (IRCC).
- Children <15 years who have lived in a country of high TB incidence and have immigrated to Canada within the previous 2 years (includes children adopted from these countries).
- Persons ≥15 years who have lived in a country with high TB incidence, have emigrated within the previous 2 years and have either been living with or in known contact with a TB case in the past.
- Residents of long-term care facilities and inmates of correctional facilities as indicated by local epidemiology **AND** in consultation with the RMOH.

Table #2: Vaccine Eligibility Criteria for High-Risk Individuals (In Addition to Routine Immunization Schedule)

Condition	Vaccine									
	DTaP-IPV-Hib	Pneu-C-20		Men-C-ACYW-135[1]	Hib[12]	HB	HA	Men B	MMR	Var
Immune-Suppressing Conditions		Adults	Infants and children							
Cancers		X[4]	X[13]		X[5]					X[3,5]
Congenital Immunodeficiency		X[4]	X[13]	X[1]	X	X[11]		X	X[3]	X[3]
Hematopoietic Stem Cell Transplant[8]	X	X[4]	X[13]	X[1]	X	X[11]		X	X[3]	X[3]
HIV		X[4]	X[13]	X[1]	X	X[11]		X	X[3]	X[3]
Immunosuppressive Therapy		X[4]	X[13]	X[1,6]				X[6]	X[3,9]	X[3,9]
Solid Organ Transplant		X[4]	X[13]	X[1]	X[2]	X[11]		X	X[3,9]	X[3,9]
Splenic disorders (including Sickle Cell Disease or other Hemoglobinopathies)		X[4]	X[13]	X[1]	X	X[7]	X[7]	X	X	X
Medical Conditions		Adults	Infants and children							
Chronic Cerebrospinal Fluid Leak		X	X[13]							
Chronic Liver Disease (including hepatitis C, chronic hepatitis B, and other diseases)		X	X[13]			X	X			
Chronic Lung Disease (including asthma for up to 18 years of age)		X	X[13]							
Chronic Neurological Conditions[10]		X	X[13]							
Chronic Renal Disease and Dialysis		X	X[13]			X[11]				X
Cochlear Implant		X	X[13]		X					
Diabetes and other Metabolic Diseases		X	X[13]							
Heart Disease and Stroke		X	X[13]							
Hemophilia, Bleeding Disorders (multiple blood or plasma/component transfusions)						X	X			
Cystic Fibrosis		X	X[13]							X
Chronic salicylic acid therapy										X[3]
Other										
Age 65 years or older		X								
People who are unhoused		X								
Substance use		X				X	X			
Alcoholism		X								
MSM - men having sex with men						X	X			
Newly admitted to institutions for developmentally challenged						X				
Newly admitted residents of long-term care facilities		X[4]								

Footnotes:

1. Men-C-ACYW-135: For high-risk groups, a booster dose should be given every 3 to 5 years if vaccinated at 6 years of age or younger and every 5 years for those vaccinated at 7 years of age and older. Menveo is recommended for children aged 2 months to 23 months in high-risk groups.
2. Lung transplants only.
3. Varicella and MMR may be given only when client is immunocompetent and as determined by their health care provider (if pre-requisite conditions allow).
4. For adults: An interval of 1 year is needed from the last Pneu-P-23 vaccine before giving Pneu-C-20. An interval of one year is needed from the last Pneu-C-13 vaccine before giving Pneu-C-20 (a minimum interval of 8 weeks is needed between Pneu-C-13 and Pneu-C-20). Refer to Canadian Immunization Guide: pneumococcal vaccines for more information.
5. Malignant hematologic disorders only e.g., leukemia, lymphomas.
6. Only persons with acquired complement deficiency due to receipt of the terminal complement inhibitor eculizumab (Soliris).
7. Recommend for conditions requiring repeated transfusions (e.g., sickle cell disease).
8. Hematopoietic Stem Cell Transplant (HSCT) recipients should be viewed as "never immunized" and require complete re-immunization post transplantation. DtP-IPV-Hib is recommended for adults and children (expert opinion).
9. MMR and Varicella vaccine should be given at least 4 weeks before solid organ transplantation or initiation of immunosuppressive therapy.
10. Chronic neurological conditions that may impair clearance of oral secretions.
11. Immunization with a higher dose of monovalent hepatitis B vaccine is recommended e.g., Recombivax Dialysis.
12. Hib: Given at least one year after any previous dose.
13. For intervals between pneumococcal vaccines for infants and children, refer to the Canadian Immunization Guide: pneumococcal vaccines.