

Ministry of Health

Guidance for Routine & Catch-Up Immunization Services

Version 4 – August 2022

Highlights of changes

- Program extensions to 2023 for the following vaccines for missed doses:
 - Hepatitis B
 - Human papillomavirus (HPV)
 - Shingles
 - High risk program vaccines
- Updated hyperlinks
- Updated information regarding simultaneous administration of routine vaccines and COVID-19 vaccines for children

This document is intended mainly for immunization service providers and should be used with other immunization information to support vaccination for specific individuals. It is not intended to provide or take the place of medical advice, diagnosis or treatment.

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Importance of Routine Immunization Services During COVID-19

To ensure that individuals and our communities remain safe from vaccine preventable diseases (VPDs), and to maintain a high level of herd immunity, it is important that routine immunizations are provided despite the continued circulation of COVID-19 and response activities.

Routine vaccination is an essential service and part of a health care provider's standard of care. Immunization can prevent illnesses that lead to unnecessary medical visits, hospitalizations, and further strain to the health care system.

Groups Requiring Routine Immunization

Routine immunization is essential to provide protection against vaccine preventable diseases. Children, adolescents and adults (including pregnant individuals) should be assessed to ensure they are up to date with recommended immunizations:

- Identify the following individuals and offer vaccines at the earliest opportunity:
 - Those who are due for any vaccine, prioritizing children and adolescents who require their primary vaccination series;
 - Those who are at increased risk for acquiring and/or transmitting VPDs (e.g., health care workers), and those at risk of VPD complications; and
 - Those who have missed vaccine doses.
- Take all opportunities to immunize and offer vaccines when combined with other visits (e.g., during routine well baby visits, prenatal visits).
- Ensure adequate assessment and vaccine inventory to ensure patients receive all recommended vaccines, minimizing the need for additional health care visits.
- Communicate the importance of immunization to patients and parents/caregivers as well as the procedures and recommendations outlined in this document to provide reassurance to those who may be reluctant to attend a clinic to receive their vaccines.
- Provide reminders to patients to ensure they are aware of when any subsequent doses are required.
- Maintain a complete, up to date immunization record for the patient.

Provision of Catch-Up Vaccines for Missed Doses

If a vaccine dose has been delayed, the individual should be immunized at the earliest opportunity. In general, interruption of a vaccine series does not require restarting the series as delays between doses do not result in a reduction in final antibody concentrations for most products, except for cholera and rabies vaccines.

Maximum protection is generally not attained until the complete vaccine series has been administered. For this reason, catch-up schedules take into consideration the minimum interval between doses so that optimal protection can be achieved within the shortest amount of time while still being effective.

The interrupted schedules for vaccines that contain tetanus, diphtheria, pertussis, polio, and Hib, as well as the pneumococcal conjugate vaccine are included below as they are complex when the schedule has been interrupted. The other vaccines in the immunization schedule are more straightforward when providing catch-up doses (i.e., provide the dose at the earliest opportunity with no need to restart a series); use the product monographs and Tables 4 to 24 in the [Publicly Funded Immunization Schedules for Ontario](#) to assist with determining intervals between doses when immunizations are delayed or off-schedule.

Tdap-IPV, Td and IPV, and/or Td schedule for individuals 7 YEARS OF AGE AND OLDER who have not completed their series		
Number of DTaP-IPV-[Hib] doses received at age <7 years	Individual's current age	Continue with the following number of Tdap-IPV, Td and IPV, and/or Td doses to complete series (recommended intervals)
1 dose	7 to 17 years	1 dose of Tdap-IPV, 2 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 2 months after 1 st Tdap-IPV dose 1 dose of Tdap-IPV, 6-12 months after Tdap dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td dose, 2 months after Tdap-IPV dose 1 dose of Td and IPV, 6-12 months after Td dose

**Tdap-IPV, Td and IPV, and/or Td schedule for individuals
7 YEARS OF AGE AND OLDER
who have not completed their series**

Number of DTaP-IPV-[Hib] doses received at age <7 years	Individual's current age	Continue with the following number of Tdap-IPV, Td and IPV, and/or Td doses to complete series (recommended intervals)
2 doses	7 to 17 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 6-12 months after 1st Tdap-IPV dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 6-12 months after Tdap-IPV dose
3 doses	≥7 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose
4 doses received at age <4 years	≥7 years	1 dose of Tdap-IPV

DTaP-IPV-[Hib] indicates the use of DTaP-IPV-Hib or DTaP-IPV depending on the age of the child

Pneu-C-13 schedule for children <5 years of age who have not completed their series			
Child's current age	Applies to	Number of Pneu-C-13 doses received previously	Number of Pneu-C-13 doses required to complete series and recommended intervals
2 to 6 months	Healthy	1 dose (1 st dose)	2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months
		2 doses (1 st and 2 nd dose)	3 rd dose, 2 months after 2 nd dose and at age ≥12 months
	High risk	1 dose (1 st dose)	2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd dose and at age ≥12 months
		2 doses (1 st and 2 nd dose)	3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd dose and at age ≥12 months
7 to 11 months	All	1 dose (1 st dose)	2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months
		2 doses (1 st and 2 nd dose)	3 rd dose, 2 months after 2 nd dose and at age ≥12 months

Pneu-C-13 schedule for children <5 years of age who have not completed their series			
Child's current age	Applies to	Number of Pneu-C-13 doses received previously	Number of Pneu-C-13 doses required to complete series and recommended intervals
12 to 23 months	All	1 dose (1 st dose) at age <12 months	2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose
		1 dose (1 st dose) at age ≥12 months	2 nd dose, 2 months after 1 st dose
		1 dose (1 st dose) at age <12 months and 1 dose (2 nd dose) at age ≥12 months	3 rd dose, 2 months after 2 nd dose
		2 or more doses at age <12 months	1 dose, 2 months after most recent dose
24 to 59 months	All	Any incomplete series	1 dose, 2 months after most recent dose

Notes:

- Pneu-C-13 is not recommended for healthy children beyond 5 years of age (60 months). Children 5 years of age and older who missed any previous doses of Pneu-C-13 do not require further catch-up doses.
- For high-risk individuals, refer to Ontario's high-risk immunization schedules for Pneu-C-13 immunization.

General Timing of Vaccine Administration

All vaccines due or overdue should be administered according to the [Publicly Funded Immunization Schedules for Ontario](#) during the visit, unless a specific contraindication exists, to provide protection as soon as possible as well as minimize the number of health care visits needed to complete vaccination.

For simultaneous administration with COVID-19 vaccines, recommendations from the [National Advisory Committee on Immunization](#) advises that children aged 5 years of age and younger should not routinely be given COVID-19 vaccines simultaneously (i.e., same day) with other vaccines (live or non-live).

- For individuals 5 years of age and older, COVID-19 vaccines may be given concurrently with (i.e., same day), or at any time before or after, non-COVID-19 vaccines (including live and non-live vaccines).
- If more than one type of vaccine is administered at a single visit, they should be administered at different anatomical injection sites using separate syringe and needle.
- Informed consent should include a discussion of the benefits and risks given the limited data available on administration of COVID-19 vaccines at the same time as, or shortly before or after, other vaccines and to seek medical attention in the event of adverse event following vaccination
- There are currently limited data available on whether the reactogenicity of COVID-19 vaccines is increased with concurrent administration of other vaccines. No specific safety concerns have been identified to date. Studies to assess the safety and immunogenicity of concurrent administration of COVID-19 vaccines with other vaccines are ongoing.
- Inactivated vaccines generally can be given concomitantly with, or at any time before or after other inactivated vaccines or live vaccines.
- Live parenteral vaccines may be given concomitantly with other vaccines at the same visit. In general, if two live parenteral vaccines are not administered concomitantly, there should be a period of at least 4 weeks before the second live parenteral vaccine is given.
- Live oral and intranasal vaccines can be given concomitantly with, or any time before or after any other live or inactivated vaccine, regardless of the route of administration of the other vaccine. Exceptions include the oral (inactivated) cholera and oral (live) typhoid vaccines, which should be administered at least 8 hours apart.

It is important for an immunizer to know that Ontario's [Immunization of School Pupils Act \(ISPA\)](#) outlines specific requirements for children in school regarding vaccination against designated diseases with specific schedules for each vaccine. For example, the ISPA requires students receive 2 valid doses of measles-containing vaccine, with a minimum of 4 or 6 weeks between doses (depending on the live vaccine product), and the first valid dose must be given no earlier than 1 year of age.

For further reference: [Ontario's Publicly Funded Immunization schedule](#).

Vaccine Eligibility – Missed Doses

Since several vaccines have age- or grade-based eligibility, some individuals may have missed their opportunity to receive the recommended vaccines under the publicly funded program during the COVID-19 pandemic. The table below indicates the applicable vaccines, eligible cohorts, and timing for individuals to receive missed vaccine doses. **Please note:** Restarting the vaccine series is not required, regardless of the time delay.

Extended Eligibility for School-based, grade 7 vaccines

Vaccine	Current eligibility	Impacted cohort	Remains eligible for missed doses until	Special considerations
Hep B (Recombivax or Engerix)	Grades 7 to 8 ^a	Grade 9 students in the 2020/21, 2021/22, and 2022/23 school years (born in 2006 ^b 2007, or 2008)	Aug 31, 2023 (must complete series)	These vaccines are typically provided through school-based clinics; however, if health care providers have eligible patients requesting a vaccine, contact the local health unit for a special release access to administer the vaccine(s) directly.
HPV-9 (Gardasil 9)	Grades 7 to 12	Students who graduated in the 2019/20 ^c , 2020/21 ^c , and 2021/22 school years (born in 2002, 2003, or 2004) ^d	Aug 31, 2023 (must complete series)	
Men-C-ACYW135 (Nimenrix)	Grades 7 to 12 and those born in or after 1997	N/A	Remains eligible until vaccine is received	

^a As of September 2022, all students in grades 7 to end of grade 12 will be eligible for the publicly funded Hep B vaccine.

^b Individuals aged 16 years and older require a 3-dose Hep B immunization schedule as per the [Canadian Immunization Guide](#)

^eFemales only as per publicly funded program criteria. Males in grade 7 became eligible in 2016. These males were born in 2004.

^d Individuals aged 15 years and older require a 3-dose HPV-9 immunization schedule as per the [Canadian Immunization Guide](#)

Adult vaccine

Vaccine	Current eligibility	Impacted cohort	Remains eligible for missed doses until	Special considerations
HZ (Shingrix)	65 to 70 years old	Seniors born in 1949, 1950, 1951, 1952	Dec 31, 2023	

High risk vaccines

Vaccine	Current eligibility	Impacted cohort	Remains eligible for missed doses until	Special considerations
HPV-9 ^e (Gardasil)	Males 9 to 26 years	Males born in 1993, 1994, 1995, and 1996	Dec 31, 2023	
4CMenB ^f (Bexsero)	2 months to 17 years	Individuals born in 2002, 2003, 2004, 2005	Dec 31, 2023	
Men-C-ACYW135 (Menactra) (Nimenrix)	9 months to 55 years ^g	Individuals born in 1964 ^h , 1965 ⁱ , 1966 ^j , 1967	Dec 31, 2023	

^{e,f} Age of the impacted cohorts falls within the Health Canada product monograph age indications for product use

^g Ontario publicly funds a single lifetime dose of Men-C-ACYW135 for individuals ≥56 years of age who meet high risk eligibility criteria listed in [Table 3: High Risk Vaccine Programs of the Publicly Funded Schedules for Ontario \(2022\)](#)

^{h,j} Under the program extension high risk individuals born in 1964, 1965 and 1966 are eligible for 2 doses of Men-C-ACYW135, since they would have been 55 years of age in 2020, 2021 and 2022, respectively. Administration of two doses in these cohorts aligns with NACI recommendations based on expert opinion to as the product monographs limits age indication to 55 years of age.

COVID-19 Vaccination

Primary care providers that are participating in Ontario's COVID-19 vaccination program should refer to the Ministry of Health's [COVID-19 Vaccine-Relevant Information and Planning Resources](#) website which includes guidance on Vaccine storage and handling, vaccine administration and general immunization documents for patients.

Questions and Additional Resources

The [Immunization Well-Child](#) Toolkit is intended to assist health care providers in communicating information about infectious diseases and the importance of vaccines in preventing many of these diseases.

Included in the Immunization Well-Child Toolkit are a number of simple handouts to share with parents:

- [Why Vaccinations Are a Healthy Choice for a Strong Immune System](#) addresses top concerns from parents about vaccines to help them make informed and healthy choices for their children.
- [Tips for a Positive Immunization Experience](#) encourages parents to take steps before, during, and after a vaccine for a better immunization experience.
- [If You Choose Not to Vaccinate Your Child](#), understand the risks and responsibilities.
- [Vaccine Safety is Important to All of Us](#), providing information to parents regarding vaccine safety.
- Fact sheets with information about symptoms, risks and prevention of vaccine-preventable diseases

For questions pertaining to the provision of immunization services, please contact your [local public health unit](#).