## SCHEDULE 1. Routine Schedule for Children Beginning Immunization in Early Infancy (Starting at 2 months of age)

<table>
<thead>
<tr>
<th>Age at vaccination: Completed months and years</th>
<th>DTaP-IPV 1-Hib 2 Pneu-C-13 3 Rot-1 4 Men-C-C 5 MMR 7 Var 7 MMRV 8 Men-C-ACYW 9 HB 10 HPV-4 11 Tdap 12 Inf 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months old</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>4 months old</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>6 months old</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>12 months old</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>15 months old</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>18 months old</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>4 - 6 years old</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>Grade 7 students</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>Grade 8 females</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>14 - 16 years old (10 years after 4-6 year old booster)</td>
<td>■ ■ ■ ■</td>
</tr>
<tr>
<td>Every year (in autumn)</td>
<td>■ ■ ■ ■</td>
</tr>
</tbody>
</table>

*DTaP-IPV preferably given at 4 years of age; administer to children <6 years old, see Schedule 3. †For Pneu-C-13 high risk schedule, see Table 3. ‡MMRV preferably given at 4 years of age. §Administered through school-based program. ¶See Schedule 4 for adult Td immunization. **Previously unimmunized children <9 years receive 2 doses of Inf 4 weeks apart.
Notes:
High risk: For high risk eligibility criteria, please see page 3.
Catch-up: For catch-up schedules, please refer to Schedules 2 and 3.
Interruption of a vaccine series does not require restarting the series, regardless of the length of time elapsed since the last dose.
Up to date immunization records or valid exemptions are required for attendance at school (Immunization of School Pupils Act) and licensed daycare centres (Day Nurseries Act) in Ontario.

Vaccine Administration:
Never mix and administer different vaccines together in the same syringe unless indicated in the product monograph.
Route of administration:
Subcutaneous (SC): MMR, Var, MMRV, and IPV (if given as a separate antigen).
Oral (PO): Pneu-P-23

Site: For site of administration go to:

Needle Length: The appropriate size and length of needle for vaccine administration should be based on the age and size of the individual. For IM injections:
- infants <6 months use 7/8 inch (2.2 cm) needle
- children ≥6 months use 1 inch (2.5 cm) needle
- adolescents and adults use 1 inch to 1 ½ inch (2.5cm to 3.8 cm) needle

1. Diphtheria, Tetanus and Acellular Pertussis vaccine – Inactivated Poliovirus Vaccine, (DTaP-IPV)
Routine: The 4-6 year (55%) or school entry dose of DTaP-IPV in Schedules 1 and 2 is not necessary if the 4th dose was given after the 4th birthday. For the infant/primary series, the series should start no earlier than 6 weeks of age. DTaP-IPV (Quadracel®) should not be given to children ≥6 years of age.
Catch-up: Tdap plus IPV should be given separately to children who missed their 4-6 year booster dose of DTaP-IPV.

2. Haemophilus influenzae type b Vaccine (Hib)
DTaP-IPV-Hib (Pediacel®) or monovalent Hib. Hib vaccine is not routinely recommended for children ≥5 years of age.

3. Pneumococcal Conjugate 13-valent Vaccine (Pneu-C-13)
Routine: 3-dose schedule at 2, 4 months with a booster dose at 12 months of age for all low risk children <2 years of age.
Catch-up: Unimmunized children <5 years of age remain eligible for Pneu-C-13. See Schedule 2. One time catch-up for 2011 only:
The following children who have completed a primary series of Pneu-C-10 and/or Pneu-C-7 are eligible to receive an additional single dose of Pneu-C-13:
- low risk children <3 years old;
- high risk children <5 years old;
- Aboriginal children <5 years old; or
- children attending group day care <5 years old.

4. Rotavirus ORAL Vaccine (Rot-1)
Routine: 2-dose schedule at 2 and 4 months. 2 doses at least 4 weeks apart should be completed by 24 weeks of age. Although the vaccine manufacturer has indicated that the first dose may be administered as early as 6 weeks and as late as 20 weeks of age, NACI recommends that the first dose be administered between 6 weeks and <15 weeks of age as the safety of providing the first dose of rotavirus vaccine in older infants is not known.

5. Meningococcal Conjugate C Vaccine (Men-C-C)
Routine: Children aged 1 year old should receive a single dose.
Catch-up: Unimmunized persons remain eligible for a single dose of Men-C-C if they were:
- 1 year of age or after Sept. 2004; or
- born between 1986 and 1996.

6. Measles, Mumps, Rubella Vaccine (MMR)
The 1st dose of MMR should be given on or after the 1st birthday. The 2nd dose of MMR vaccine should be given at 4-6 years of age.
MMR is a live virus vaccine. MMR and varicella vaccine must be given on the same day or at least 28 days apart.
Adults born prior to 1970 are assumed to have naturally acquired immunity to measles and mumps. Adults born in 1970 or later without evidence of immunity to measles or mumps should receive 1 dose of MMR.
A 2nd dose of MMR is recommended for young adults (18-25 years), post secondary students, persons who received killed measles vaccine (1967-1970), health care workers and those who plan to travel internationally.

7. Varicella Vaccine (Var)
Routine: Children 15 months of age should receive the 1st dose. The 2nd dose should be given as MMRV at 4-6 years of age.
Catch-up: Children born on or after Jan. 1, 2000 and who are at least 1 year of age are eligible for 2 doses of varicella vaccine.

8. Measles, Mumps, Rubella, Varicella Vaccine (MMRV)
Routine: 1 dose of MMR at 12 months, 1 dose of Var at 15 months and 1 dose of MMRV at 4-6 years of age (preferably prior to school entry).
Catch-up: Children 7-11 years of age who have not received any doses of MMR or varicella may receive 2 doses of MMRV.

9. Meninogoccal Conjugate ACYW-135 Vaccine (Men-C-ACYW)
Routine: Students in grade 7 are eligible to receive a single dose of Men-C-ACYW
Catch-up: Since 2009, students who were eligible in grade 7 and have not yet received the vaccine; remain eligible for a single dose of Men-C-ACYW.

10. Hepatitis B Vaccine (HB)
Routine: 2-dose schedule for grade 7 students, given 4-6 months apart depending on the product used.
Catch-up: Any Grade 7 student who missed 1 or both doses of HB is eligible to complete the series by the end of Grade 8.

11. Human Papillomavirus Vaccine (HPV-4)
Routine: All female Grade 8 students receive 3 doses given at 0, 2 and 6 months.
One time catch-up for 2010/2011 school year only: Female students who received at least 1 dose of HPV-4 in their Grade 8 year or before the 1st day of grade 9 may complete the series in Grade 9.

12. Diphtheria, Tetanus and Acellular Pertussis Vaccine (Tdap)/Inactivated Poliovirus Vaccine (IPV)
Routine: A single dose of Tdap is recommended for all adolescents between the ages of 14-16 years old (with eligibility until 18 years of age) and 10 years after the 4-6 year old booster.
Catch-up: Unimmunized children/adolescents beginning their primary series at 7 years of age or older should receive 3 doses of Tdap plus IPV (2 separate injections). The 14-16 year old booster dose should be given at least 5 years after the third dose.

13. Seasonal Influenza Vaccine (Inf)
All individuals aged 6 months and older who live, work or attend school in Ontario are eligible to receive seasonal influenza vaccine.
Previously unimmunized children 6 months to <9 years of age require 2 doses of trivalent inactivated influenza vaccine (TIV), given 4 weeks apart. Children <9 years of age who have received 1 or more doses of TIV in preceding seasons are recommended to receive 1 dose per season thereafter.
### SCHEDULE 2. Catch-up Schedule for Children Starting Immunization at 1-6 years of age

<table>
<thead>
<tr>
<th>Timing</th>
<th>DTaP-IPV</th>
<th>Hib</th>
<th>Pneu-C-13</th>
<th>Men-C-C</th>
<th>MMR</th>
<th>Var</th>
<th>MMRV</th>
<th>Men-C-ACYW</th>
<th>HB</th>
<th>HPV-4</th>
<th>Tdap</th>
<th>Inf</th>
</tr>
</thead>
<tbody>
<tr>
<td>First visit, if child is &lt;4 years of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First visit, if child is ≥ 4 years of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second visit, if child is &lt;4 years of age: 1 mos after 1st visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second visit, if child is ≥4 years of age: 1 mos after 1st visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third visit: 1 mos after 2nd visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fourth visit: 2 mos after 3rd visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fifth visit: 6-12 mos after 4th visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-6 years old</td>
<td>(■)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 8 females</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14-16 years old (10 years after the 4-6 year old booster)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every year (in autumn)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(•) Depending on age of child, dose may not be needed. **If 4th dose of DTaP-IPV is given on or after the 4th birthday, the 4-6 year old booster dose is not needed.† Administer Hib to children <5 years of age. ‡ Administer Pneu-C-13 to children <5 years of age. § Children between 4-11 years of age are eligible to receive MMRV. ¶ Administered through school-based program. **Previously unimmunized children <9 years receive 2 doses of Inf 4 weeks apart.

### SCHEDULE 3. Schedule for Unimmunized Children/Adolescents Aged 7-17 years

<table>
<thead>
<tr>
<th>Timing</th>
<th>Tdap</th>
<th>Td</th>
<th>IPV</th>
<th>MMR</th>
<th>Var</th>
<th>MMRV</th>
<th>Men-C-ACYW</th>
<th>HB</th>
<th>HPV-4</th>
<th>Inf</th>
</tr>
</thead>
<tbody>
<tr>
<td>First visit, if child is &lt;12 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First visit, if child is ≥12 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second visit, if child is &lt;12 years: 2 mos after 1st visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second visit, if child is ≥12 years: 2 mos after 1st visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third visit: 6-12 mos after 2nd visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade 8 females</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 years after the third visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every year (in autumn)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(•) Depending on age of child, dose may not be needed. * Administer Var to children born on or after January 1, 2000. † Administered through school-based program. ‡ Students who missed a dose who were previously in Grade 7 in or after 2009 remain eligible for Men-C-ACYW. § Those born in 1996 or before should receive Men-C-C. ¶ Previously unimmunized children <9 years receive 2 doses of Inf 4 weeks apart.

### SCHEDULE 4. Schedule for Unimmunized Adults Aged 18 years and Older

<table>
<thead>
<tr>
<th>Timing</th>
<th>Tdap</th>
<th>Td</th>
<th>IPV</th>
<th>MMR</th>
<th>Inf</th>
<th>Pneu-P-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>First visit, if adult is 18 to 64 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First visit, if adult is ≥65 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second visit: 2 months after 1st visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third visit: 6-12 months after 2nd visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every 10 years thereafter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every year (in autumn)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(•) Depending on immune status and age of adult, dose may not be needed. *Unimmunized adults or those with unknown polio immunization history who may be exposed to imported wild polio cases and health care workers should receive 2 doses of IPV (4-8 weeks apart) with a 3-dose 6-12 months later. For recommendations related to travel, go to the PHAC Travel Health page at: http://www.phac-aspc.gc.ca/mp/vac/rv-service/index-eng.php. † A 2nd dose of MMR is recommended for young adults (18-24 years), post secondary students, persons who received killed measles vaccine (1963-1970), health care workers and those who plan to travel internationally.

Publicly Funded Immunization Schedules for Ontario – August 2011

Publicly funded vaccines may be provided only to eligible persons and must be free of charge.
## TABLE 1: Detailed schedule for Haemophilus influenzae type b Conjugate vaccine

<table>
<thead>
<tr>
<th>Age at first dose</th>
<th>Primary series</th>
<th>Age at Booster dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 months</td>
<td>3 doses, 2 months apart</td>
<td>15 to 18 months</td>
</tr>
<tr>
<td>7-11 months</td>
<td>2 doses, 2 months apart</td>
<td>15 to 18 months</td>
</tr>
<tr>
<td>12-14 months</td>
<td>1 dose</td>
<td>15 to 18 months</td>
</tr>
<tr>
<td>15-59 months</td>
<td>1 dose</td>
<td>None</td>
</tr>
</tbody>
</table>

*The Hib booster dose should be given at least 2 months after the previous dose.

## TABLE 2: Detailed LOW RISK schedule for Pneumococcal Conjugate-13 vaccine depending on age at first dose

<table>
<thead>
<tr>
<th>Age at first dose</th>
<th>Primary series</th>
<th>Age at Booster dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 months</td>
<td>2 doses, 2 months apart</td>
<td>12 months</td>
</tr>
<tr>
<td>7-11 months</td>
<td>2 doses, 2 months apart</td>
<td>12 to 15 months</td>
</tr>
<tr>
<td>12-23 months</td>
<td>2 doses, 2 months apart</td>
<td>None</td>
</tr>
<tr>
<td>24-59 months</td>
<td>1 dose</td>
<td>None</td>
</tr>
</tbody>
</table>

* The Pneu-C-13 booster dose should be given at least 2 months after the final dose of the primary series.

## TABLE 3: Detailed HIGH RISK schedule for Pneumococcal Conjugate-13 vaccine depending on age at first dose

<table>
<thead>
<tr>
<th>Age at first dose</th>
<th>Primary series</th>
<th>Age at Booster dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-6 months</td>
<td>3 doses, 2 months apart</td>
<td>15 months</td>
</tr>
<tr>
<td>7-11 months</td>
<td>2 doses, 2 months apart</td>
<td>15 months</td>
</tr>
<tr>
<td>12-23 months</td>
<td>2 doses, 2 months apart</td>
<td>None</td>
</tr>
<tr>
<td>24-59 months</td>
<td>1 dose</td>
<td>None</td>
</tr>
</tbody>
</table>

*Children ≥2 years of age, at high risk of invasive pneumococcal disease, should also receive a dose of Pneu-P-23 at least 8 weeks after the Pneu-C-13.

## TABLE 4: Detailed schedule for Varicella vaccine for HIGH RISK persons depending on age

<table>
<thead>
<tr>
<th>Age at first dose</th>
<th>Number of doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 months-12 years</td>
<td>2 doses, 3 months apart</td>
</tr>
<tr>
<td>13 years and older</td>
<td>2 doses, 1 month apart</td>
</tr>
</tbody>
</table>


## TABLE 5: Reimmunization with Pneumococcal Polysaccharide vaccine

<table>
<thead>
<tr>
<th>Criteria for Reimmunization</th>
<th>Timing</th>
</tr>
</thead>
</table>
| A single revaccination with Pneumococcal Polysaccharide vaccine is appropriate for those 2 years of age and older with:  
  - functional or anatomic asplenia or sickle cell disease  
  - hepatic cirrhosis  
  - chronic renal failure or nephrotic syndrome  
  - HIV infection  
  - immunosuppression related to disease or therapy |  
  • 1 dose after 5 years for those 11 years of age or older at the time of initial immunization  
  OR  
  • 1 dose after 3 years for those 10 years of age or less at the time of initial immunization |
High-Risk Eligibility Criteria

Pneumococcal Conjugate Vaccine and/or Pneumococcal Polysaccharide Vaccine (depending on age)

1. Pneumococcal Conjugate Vaccine: All children <5 years of age should be vaccinated with Pneu-C-13 vaccine as per Schedules 1 and 2.

2. Pneumococcal Polysaccharide Vaccine: For children <5 years old, the Pneu-P-23 vaccine should be given at least 8 weeks after the Pneu-C-13 vaccine. All persons >2 years of age with the medical conditions listed below should receive one dose of the Pneu-P-23 vaccine:
   - Chronic respiratory disease (excluding asthma, except those treated with high-dose corticosteroid therapy)
   - Chronic cardiac disease
   - Chronic liver disease (including hepatitis B and C, and hepatic cirrhosis due to any cause)
   - Chronic renal disease, including nephrotic syndrome
   - Diabetes mellitus
   - Chronic cerebrospinal fluid leak
   - Chronic neurologic condition that may impair clearance of oral secretions
   - Asplenia (functional or anatomic), splenic dysfunction, sickle-cell disease and other sickle cell haemoglobinopathies
   - Primary immune deficiency
   - Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell mediated immunity, complement system [properdin, or factor D deficiencies], or phagocytic functions
   - Other conditions associated with immunosuppression (e.g., malignant neoplasms, including leukemia and lymphoma)
   - Immunosuppressive therapy including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy
   - HIV infection
   - Hematopoietic stem cell transplant (candidate or recipient)
   - Solid organ or islet cell transplant (candidate or recipient)
   - Cochlear implant recipients (pre/post implant)

Pneumococcal Polysaccharide Vaccine

1. All residents of nursing homes, homes for the aged and chronic care facilities or wards.
2. All persons 65 years of age and older regardless of medical condition.

Meningococcal Vaccines

A. Meningococcal Conjugate Vaccine (1-10 yrs)
   1. All persons with functional or anatomic asplenia.
   2. All persons with complement, properdin, factor D deficiency or primary antibody deficiencies.
   3. Cochlear implant recipients (pre/post implant).

B. Meningococcal Conjugate ACYW-135 Vaccine (2-55 yrs)
   1. All persons with functional or anatomic asplenia.
   2. All persons with complement, properdin, factor D deficiency or primary antibody deficiencies.
   3. Cochlear implant recipients (pre/post implant).

Note: Children should receive Men-C-ACYW at least 1 month from receiving Men-C vaccine.

2. Compendium of Pharmaceuticals and Specialties, 2005: the Canadian drug reference for health professionals

C. Meningococcal Polysaccharide ACYW-135 Vaccine (>55 yrs)
   1. Persons with functional or anatomic asplenia.
   2. Persons with complement, properdin or factor D deficiency.
   3. Cochlear implant recipients (pre/post implant).

Varicella Vaccine

1. Susceptible children and adolescents given chronic salicylic acid therapy (consider stopping treatment for 6 weeks after vaccination, see product monograph).
2. All persons with cystic fibrosis.
3. Susceptible household contacts of immunocompromised persons.
4. Susceptible persons receiving low dose steroid therapy or inhaled/topical steroids.
5. Immunocompromised persons, see the CIG, 7th ed. (or as current) for varicella vaccination recommendations regarding specified susceptible immunocompromised individuals.

For the recommended number of doses for susceptible high risk persons, see CIG, 7

Hepatitis B Vaccine

1. Infants born to HBV-positive carrier mothers.
2. Household and sexual contacts of chronic carriers and acute cases.
3. Persons on dialysis and those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (second and third doses only).
4. Persons awaiting liver transplants (second and third doses only).
5. Injection drug users.
6. Men who have sex with men, history of a sexually transmitted infection.
7. Those having needle stick injuries in a non-health care setting.
8. Children <7 years old whose families have immigrated from countries of high prevalence for hepatitis B, and who may be exposed to hepatitis B carriers through their extended families.
9. Persons with chronic liver disease including hepatitis C.

Hepatitis A Vaccine

1. Persons with chronic liver disease (including hepatitis B and C).
2. Persons engaging in intravenous drug use.
3. Men who have sex with men.

Note: for post exposure immunization with hepatitis A vaccine, consult with your local public health unit on the appropriate requirements based on age and/or immunization history.

Haemophilus influenzae type b Vaccine

1. Persons with functional or anatomic asplenia.
2. All immunocompromised persons related to disease or therapy.
3. Hematopoietic stem cell transplantation (or bone marrow or solid organ transplant) recipients.
4. All lung transplant recipients.
5. Cochlear implant recipients (pre/post implant).
6. All persons with primary antibody deficiencies.

Note: Case and Contact Management
For all vaccine preventable diseases: Consult with your local public health unit on the case and contact management of vaccine preventable diseases.