

Newfoundland and Labrador Immunization Manual	
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Appendix A: Vaccine Abbreviations

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-15-contents-immunizing-agents-available-use-canada.html>

Appendix B: Coverage Rate Report Forms for Newfoundland Labrador Immunization Programs

Report # 1 – Status of 2 year olds – due March 31

Report # 2 – Status of Kindergarten Students – due March 31

Report # 3 – Grade 4 Meningococcal-C-ACYW135 – due June 30

Report # 4 – Grade 6 HPV – due June 30

Report # 5 – Grade 6 Hepatitis B – due June 30

Report # 6 – Grade 9 Tdap – due June 30

Report # 1

Immunization Status at age 2 years

Report due March 31st of each year

Region _____ Birth Year _____

Date Reported _____ Reported by _____

Number of two year olds with active files (Child Health Cards or CRMS and not moved from region) in the region with that birth year _____

Please Indicate # of children who are fully immunized

	DTaP-IPV-Hib	Rotavirus	Pneu-C-13	MMRV	MEN-C-C
# Fully Immunized					
Percentage: # immunized / # 2 yr olds with active files					

Birth Year	Report Due to Province
2015	March 31, 2018
2016	March 31, 2019

Comments

Please Return to CDCN

Report # 2

Immunization status at Kindergarten

Report due March 31st of each year

Region _____ Birth Year _____

Kindergarten Enrolment _____ School Year _____

Date Reported _____ Reported By _____

Please Indicate # of children who are fully immunized

	DTaP-IPV-Hib	Pneu-C-13	*MMRV/ MMR	Men-C-C	DTaP-IPV Or Tdap-IPV
# Fully Immunized					
Percentage: # immunized / # kindergartens with active files					

**MMRV replaced MMR January 1, 2012 for 12 month olds only. Please consider a child fully immunized if they have had 2 vaccines containing MMR and at least one vaccine containing V. MMRV was not introduced at 18 months until July 1, 2014.*

Birth Year	Report Due to Province
2012	March 31, 2018
2013	March 31, 2019 Form to be updated to MMRV only
2014	March 31, 2020
2015	March 31, 2021 Form to be updated to include Rotavirus

Comments

Please Return to CDCN

Report # 3

Immunization status for Men-C-ACYW-135 Grade 4

Report due June 30th of each year

Region _____ Birth Year _____

Grade 4 Enrolment _____ School Year _____

Date Reported _____ Reported by _____

Men-C-ACYW-135	
# Fully Immunized	
# Enrolled	
% Immunized	

Comments

Please Note:

1. Always include children who are home schooled.
2. Intention of this report is to determine the proportion of the students that are fully immunized as opposed to the number of doses given.

Report # 4

Immunization status for Human Papillomavirus (HPV) vaccine Grade 6

Report due June 30th of each year

Region _____ Birth Year _____

Grade 6 Enrolment _____ School Year _____

Date Reported _____ Reported by _____

# Fully Immunized	
# Enrolled	
% Immunized	

Comments

Please Note:

1. Always include children who are home schooled.
2. The intention of this report is to determine the proportion of the students that are fully immunized as opposed to the number of doses given.

Report # 5

Immunization status for Hepatitis B Vaccine Grade 6

Report due June 30th of each year

Region _____ Birth Year _____

Grade 6 Enrolment _____ School Year _____

Date Reported _____ Reported by _____

# Fully Immunized	
# Enrolled	
% Immunized	

Comments

Please Note:

1. Always include children who are home schooled.
2. The intention of this report is to determine the proportion of the students that are fully immunized as opposed to the number of doses given.

Report # 6

Immunization status for Tdap Vaccine Grade 9

Report due June 30th of each year

Region _____ Birth Year _____

Grade 9 Enrolment _____ School Year _____

Date Reported _____ Reported by _____

	Tdap
# Students eligible	
# Of students immunized	
Percentage%	

Comments

Please Note:

1. Always include children who are home schooled.
2. The intention of this report is to determine the proportion of the students that are fully immunized as opposed to the number of doses given.

Appendix C: Client Referral Management System (CRMS) Documentation of Immunization

All regional health authorities must use CRMS to capture primary immunizations, school immunizations, adult immunizations and vaccines that have been administered in relation to communicable disease control. Please see the guidelines for documentation in CRMS that have been developed by the regional health authorities where the client resides for specifics.

Appendix D: Latex Allergies and Immunization

To address concerns regarding latex allergies and immunization the following documentation has been collected:

- Documentation from manufacturers
- Individuals identified as high risk
- Suggested guidelines for immunizing a person with latex allergies
- Screening questions to ask when using a product with latex content

Individuals identified as high risk for latex allergies:

- Those with spina bifida
- Those with myelodysplasia or complex congenital anomalies
- Those who have frequent contact with natural latex products and have experienced allergy type reactions
- Those with a history of anaphylactic reactions of “unknown origin” during surgery
- Those who have food allergies to avocados, kiwi, bananas, chestnuts, tomato or apples

Guidelines for immunizing a person with latex allergy:

- Ampules of vaccine do not contain latex
- If available, use an alternate product (latex free)
- Administer vaccine immediately after vaccine preparation

Screening questions to ask when using a latex containing product:

- Do you have any allergies?
- Do you have an allergy to avocados, kiwi, bananas, chestnuts, tomato or apples?
- Do you have spina bifida?
- Do you have a history of rash, hives, eye irritation, rhinitis (runny nose) or asthmatic symptoms after handling latex gloves, balloons, condoms or other latex items?
- Do you have any medical problems?
- Do your lips swell if you blow up a balloon?
- Have you had surgery, if yes how many?
- Do you frequently come in contact with rubber products in your workplace?

If the answer to any of these questions is yes:

- Inquire whether allergy testing for latex has been done
- If status is unknown check with the parent or family doctor
- If the person is allergic to latex, use latex guidelines

If further information is unavailable refer to MOH

Latex Content of commonly used Vaccine Closures

Vaccine/product	Trade Name	Manufacturer	Closure Content	Comments/alternate
DTaP-IPV-Hib	Pediacel	Sanofi	No latex	
DTap-IPV	Quadracel	Sanofi	No latex	
Tdap-IPV	Adacel-Polio	Sanofi	No latex	
Tdap	Adacel	Sanofi	No latex	
MMR/diluent	Priorix (vial only)	GSK	No latex	Diluent in prefilled syringe contains latex
MMR/diluent	MMRII	Merck	No latex	
MMRV/diluent	Priorix-Tetra	GSK	No latex	
Pneu-C-10	Synflorix	GSK	Prefilled syringe contains latex, vial does not	
Pneu-C-13	Prevnar	Pfizer	No latex	
Var	Varilrix	GSK	No latex	Diluent in prefilled syringe contains latex
Var	Varivax	Merck	No latex	
Men-C	Mengugate C	Merck	No latex	
HB	Recombivax	Merck	Latex	Use Energix
HB	Energix	GSK	No latex	
HPV	Gardasil	Merck	No latex	
Inf	Fluviral	GSK	No latex	
Inf	Vaxigrip	Sanofi	No latex	
Pneu-P-23	Pneumovax-23	Merck	No latex	
Tubersol 5TU PPD		Sanofi	No latex	
HAHB	Twinrix	GSK	Latex	Prefilled syringe contains latex
HA	Havrix (vial only)	GSK	No latex	Prefilled syringe contains latex
HA	Vaqta	Merck	Latex	Use Havrix
Typh-I	Typhium Vi	Sanofi	No latex	
Tdap	Boostrix	GSK	No latex	
Men-P-ACWY	Menomune	Sanofi	Latex	
Men-C-ACYW ₁₃₅	Menactra	Sanofi	No Latex	
Hib	ACT-HIB	Sanofi	No latex	
Td	Td Absorbed	Sanofi	No latex	Multi-dose vial contains latex
IPV	Imovax-Polio	Sanofi	No latex	
Td-IPV	Td Polio-Absorbed	Sanofi	No latex	

Appendix E: Adverse Events Following Immunization Reporting Form

<http://www.phac-aspc.gc.ca/im/ae-fi-form-eng.php>

Appendix F: User Guide: Report of Adverse Events Following Immunization (AEFI)

http://www.phac-aspc.gc.ca/im/aeфи_guide/index-eng.php

Appendix G: Management of Anaphylaxis in the Non-Hospital Setting (Poster)

http://www.health.gov.nl.ca/health/publichealth/cdc/Management_of_Anaphylaxis_in_a_Non-Hospital_Setting.pdf

Appendix H: Vaccine Information for Immunization Programs and Schedules

<http://www.health.gov.nl.ca/health/publichealth/cdc/immunizations.html>

Appendix I: Self-Directed Learning Module on Immunization (test)

http://www.health.gov.nl.ca/health/publichealth/cdc/pdf/Self-Directed_Learning_Module_Immunizations.pdf

**Self-Directed Learning Module on Immunization
(Answers – Please contact the Regional CDC Nurse)**

Appendix J: Requisition for Biological Preparations

<http://www.health.gov.nl.ca/health/publichealth/cdc/Requisitions%20for%20Biological%20Preparations.pdf>

Appendix K: Report Form for Biological Products Wastage

<http://www.health.gov.nl.ca/health/publichealth/cdc/Biological%20Preparations%20Return%20Report.pdf>

Appendix L: Temperature Monitoring Form

<http://www.health.gov.nl.ca/health/publichealth/cdc/Temperature%20Monitoring%20Log.pdf>