



Routine Vaccine Administration Guide

Please refer to the DHW Publicly Funded Vaccine Schedule [here](#)

Publicly Funded Vaccines in Nova Scotia

Childhood, Starting in Infancy (By Age)

	VACCINE	PRODUCT NAME	SITE	ROUTE	DOSE	RECONSTITUTION	NEEDLE SIZE
2 MONTHS	DTaP-IPV-Hib !	Pediacel or Pentacel	Vastus lateralis (thigh)	Intramuscular	0.5 mL	Pentacel only (Vaccine specific diluent)	25 g 1-inch 2 separate needles at least 1-inch apart
	Pneumococcal conjugate (Pneu-C-15)	Vaxneuvance	Vastus lateralis (thigh)	Intramuscular	0.5 mL	No	
	Rotavirus	RotaTeq	Orally administered	Oral	2 mL	No	Not applicable
4 MONTHS	DTaP-IPV-Hib !	Pediacel or Pentacel	Vastus lateralis (thigh)	Intramuscular	0.5 mL	Pentacel only (Vaccine specific diluent)	25 g 1-inch 2 separate needles at least 1-inch apart
	Pneumococcal conjugate (Pneu-C-15)	Vaxneuvance	Vastus lateralis (thigh)	Intramuscular	0.5 mL	No	
	Rotavirus	RotaTeq	Orally administered	Oral	2 mL	No	Not applicable
6 MONTHS	DTaP-IPV-Hib !	Pediacel or Pentacel	Vastus lateralis (thigh)	Intramuscular	0.5 mL	Pentacel only (Vaccine specific diluent)	25 g 1-inch
	Rotavirus	RotaTeq	Orally administered	Oral	2 mL	No	Not applicable
12 MONTHS	Pneumococcal conjugate (Pneu-C-15)	Vaxneuvance	Vastus lateralis (thigh)	Intramuscular	0.5 mL	No	25 g 1-inch 2 separate needles at least 1-inch apart
	Meningococcal group C conjugate	NeisVac-C Menjugate	Vastus lateralis (thigh)	Intramuscular	0.5 mL	NeisVac-C (No) Menjugate (Yes or pre-filled)	
	MMRV (measles, mumps, rubella, varicella)	Priorix Tetra ProQuad	Upper arm	Subcutaneous	0.5 mL	Yes (vaccine-specific diluent)	25 g 5/8-inch
18 MONTHS	DTaP-IPV-Hib !	Pediacel or Pentacel	Deltoid	Intramuscular	0.5 mL	Pentacel only (Vaccine specific diluent)	25 g 1-inch
	MMRV (measles, mumps, rubella, varicella)	Priorix Tetra ProQuad	Upper arm	Subcutaneous	0.5 mL	Yes (vaccine-specific diluent)	25 g 5/8-inch
4-6 YEARS	Tdap-IPV !	Adacel Polio Boostrix Polio	Deltoid	Intramuscular	0.5 mL	No	25 g 1-inch
ANNUALLY, FROM 6 MONTHS OF AGE ONWARD	Influenza <i>1st-time recipients aged 6 months – 9 years: 2 doses (0, 4 weeks)</i>	Fluzone Flulaval Tetra Afluria (>5 years old only)	6-12 months old: vastus lateralis (thigh) Older than 12 months: deltoid	Intramuscular	0.5 mL	No	25 g 1-inch

! Vaccines with similar names that may lead to vaccine errors. i Products are subject to change based on availability.



Catch-up (Resuming or Starting Immunizations)

- Disruptions in vaccine schedules do not require that a series be re-started, regardless of the length of time between doses.
- For catch-up schedules, please refer to the Canadian Immunization Guide for age-specific recommendations:
 - **Less than 7 years old; 7 – 17 years old; 18 years or older**

Additional Publicly Funded Vaccines for Patients at High-Risk of Vaccine-preventable Disease

Patients at high-risk of vaccine-preventable diseases are eligible for other vaccines based on **condition-specific guidance**.



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Childhood (By Age)

	PRODUCT NAME	TOTAL DOSES	AGES	SITE	ROUTE	DOSE	RECONSTITUTION	NEEDLE SIZE
DTaP-IPV-Hib !	Pediacel or Pentacel	4	2, 4, 6, 18 months	< 12 months: Vastus lateralis (thigh) Older than 12 months: Deltoid	Intramuscular	0.5 mL	Pentacel only (Vaccine specific diluent)	25 g 1 inch
ROTAVIRUS	RotaTeq	3	2, 4, 6 months	Orally administered	Oral	2 mL	No	Not applicable
PNEUMOCOCCAL CONJUGATE (PNEU-C-15)	Vaxneuvance	3	2, 4, 12 months	Vastus lateralis (thigh)	Intramuscular	0.5 mL	No	25 g 1 inch
MENINGOCOCCAL GROUP C CONJUGATE	NeisVac-C Menjugate	1	12 months	Vastus lateralis (thigh)	Intramuscular	0.5 mL	NeisVac-C (No) Menjugate (Yes)	25 g 1 inch
MMRV (MEASLES, MUMPS, RUBELLA, VARICELLA)	Priorix Tetra ProQuad	2	12, 18 months	Upper arm	Subcutaneous	0.5 mL	Yes (vaccine-specific diluent)	25 g 5/8 inch
Tdap-IPV !	Adacel Polio Boostrix Polio	1	4 -6 years	Deltoid	Intramuscular	0.5 mL	No	25 g 1 inch
INFLUENZA	Fluzone Flulaval Tetra Afluria (>5 years old only)	Annually; <i>1st-time recipients aged 6 months – 9 years: 2 doses (0, 4 weeks)</i>	From 6 months of age onward	6-12 months old: vastus lateralis (thigh) Older than 12 months: deltoid	Intramuscular	0.5 mL	No	25 g 1 inch

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(Childhood, School, Adult) Starting in Infancy (By Age)

CHILDHOOD VACCINES	VACCINE	PRODUCT NAME	SITE	ROUTE	DOSE	RECONSTITUTION	NEEDLE SIZE
2 MONTHS	DTaP-IPV-Hib !	Pediacel or Pentacel	Vastus lateralis (thigh)	Intramuscular	0.5 mL	Pentacel only (Vaccine specific diluent)	25 g 1-inch 2 separate needles at least 1-inch apart
	Pneumococcal conjugate (Pneu-C-15)	Vaxneuvance	Vastus lateralis (thigh)	Intramuscular	0.5 mL	No	
	Rotavirus	RotaTeq	Orally administered	Oral	2 mL	No	Not applicable
4 MONTHS	DTaP-IPV-Hib !	Pediacel or Pentacel	Vastus lateralis (thigh)	Intramuscular	0.5 mL	Pentacel only (Vaccine specific diluent)	25 g 1-inch 2 separate needles at least 1-inch apart
	Pneumococcal conjugate (Pneu-C-15)	Vaxneuvance	Vastus lateralis (thigh)	Intramuscular	0.5 mL	No	
	Rotavirus	RotaTeq	Orally administered	Oral	2 mL	No	Not applicable
6 MONTHS	DTaP-IPV-Hib !	Pediacel or Pentacel	Vastus lateralis (thigh)	Intramuscular	0.5 mL	Pentacel only (Vaccine specific diluent)	25 g 1-inch
	Rotavirus	RotaTeq	Orally administered	Oral	2 mL	No	Not applicable
12 MONTHS	Pneumococcal conjugate (Pneu-C-15)	Vaxneuvance	Vastus lateralis (thigh)	Intramuscular	0.5 mL	No	25 g 1-inch 2 separate needles at least 1-inch apart
	Meningococcal group C conjugate	Neisvac-C Menjugate	Vastus lateralis (thigh)	Intramuscular	0.5 mL	NeisVac-C (No) Menjugate (Yes)	
	MMRV (measles, mumps, rubella, varicella)	Priorix Tetra ProQuad	Upper arm	Subcutaneous	0.5 mL	Yes (vaccine-specific diluent)	25 g 5/8-inch
18 MONTHS	DTaP-IPV-Hib !	Pediacel or Pentacel	Deltoid	Intramuscular	0.5 mL	Pentacel only (Vaccine specific diluent)	25 g 1-inch
	MMRV (measles, mumps, rubella, vari-cella)	Priorix Tetra ProQuad	Upper arm	Subcutaneous	0.5 mL	Yes (vaccine-specific diluent)	25 g 5/8-inch
4-6 YEARS	Tdap-IPV !	Adacel Polio Boostrix Polio	Deltoid	Intramuscular	0.5 mL	No	25 g 1-inch

SCHOOL VACCINES - Catch-up vaccines available through Public Health and/or Primary Care Provider prior to 19th Birthday

GRADE 7 SCHOOL VACCINES	HPV series (0, 6 months)	Gardasil 9	Deltoid	Intramuscular	0.5 mL	No	25 g 1-inch
	Hepatitis B series (0, 6 months)	Engerix-B Recombivax	Deltoid	Intramuscular	1.0 mL	No	25 g 1-inch
	Tdap	Adacel Boostrix	Deltoid	Intramuscular	0.5 mL	No	25 g 1-inch
	Meningococcal Quadrivalent (ACYW135)	Menveo Menactra Nimenrix	Deltoid	Intramuscular	0.5 mL	No	25 g 1-inch

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ADULT VACCINES	VACCINE	PRODUCT NAME	SITE	ROUTE	DOSE	RECONSTITUTION	NEEDLE SIZE
EVERY 10 YEARS	Td	Td absorbed	Deltoid	Intramuscular	0.5 mL	No	25 g 1-inch
ONCE AS AN ADULT	Tdap <i>*If not previously given in adulthood. May receive one dose 10 years after receiving a tetanus containing vaccine.</i>	Adacel Boostrix	Deltoid	Intramuscular	0.5 mL	No	25 g 1-inch
PREGNANT PERSONS	Tdap: offered every pregnancy between 27 and 32 weeks	Adacel Boostrix	Deltoid	Intramuscular	0.5 mL	No	25 g 1-inch
WITH NO IMMUNITY OR LAB CONFIRMED MEASLES INFECTION	MMR <i>*Adults born in 1970 or after should receive two doses. Adults born before 1970 with no documented immunity or lab confirmed measles infection should receive one dose.</i>	MMRII (SC only) Priorix (SC preferred)	SC: Upper Arm IM: Deltoid	Subcutaneous Intramuscular	0.5 mL	Yes (vaccine-specific diluent)	SC: 25g 5/8-inch IM: 25g 1-inch
VACCINES FOR SENIORS							
65 YEARS AND OLDER	Pneumococcal conjugate (Pneu-C-20)	Pevnar 20	IM: Deltoid	Intramuscular	0.5 mL	No	IM: 25 g 1-inch
65 YEARS AND OLDER	Enhanced influenza; annually	Fluad	Deltoid	Intramuscular	0.5 mL	No	25 g 1-inch
VACCINES FOR ALL AGES							
ANNUALLY, FROM 6 MONTHS OF AGE ONWARD	Influenza <i>1st-time recipients aged 6 months – 9 years: 2 doses (0, 4 weeks)</i>	Fluzone Quad Flulaval Tetra Afluria Tetra (>5 years old only)	6-12 months old: vastus lateralis (thigh) Older than 12 months: deltoid	Intramuscular	0.5 mL	No	25 g 1-inch

i For information on vaccination and pregnancy see [here](#). **i** For information on Covid-19 vaccination see [here](#). **i** Products are subject to change based on availability.



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