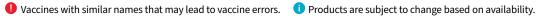


i Please refer to the DHW Publicly Funded Vaccine Schedule here

Publicly Funded Vaccines in Nova Scotia

Childhood, Starting in Infancy (By Age)

| | VACCINE | PRODUCT NAME | SITE | ROUTE | DOSE | RECONSTITUTION | NEEDLE SIZ | Έ |
|---|--|---|--|---------------|--------|--|----------------|---|
| 2 MONTHS | DTaP-IPV-Hib 🕕 | Pediacel or Pentacel | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | Pentacel only (Vaccine specific diluent) | 25 g | 2 separate needles at least 1-inch apart |
| | Pneumococcal conjugate (Pneu-C-15) | Vaxneuvance | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | No | 1-inch | |
| | 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 | 2 separate needles at least 1-inch apart |
| | Pneumococcal conjugate (Pneu-C-15) | Vaxneuvance | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | No | 1-inch | |
| | Rotavirus | RotaTeq | Orally administered | Oral | 2 mL | No | Not applicable | |
| 6 | DTaP-IPV-Hib 🕕 | Pediacel or Pentacel | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | Pentacel only (Vaccine specific diluent) | 25 g 1-inch | |
| MONTHS | 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 ~ | 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) | 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 | า |
| 18 | DTaP-IPV-Hib 🕕 | Pediacel or Pentacel | Deltoid | Intramuscular | 0.5 mL | Pentacel only (Vaccine specific diluent) | 25 g 1-inch | |
| MONTHS | MMRV (measles, mumps, rubella, varicella) | Priorix Tetra ProQuad | Upper arm | Subcutaneous | 0.5 mL | Yes (vaccine- specific diluent) | 25 g 5/8-inch | า |
| 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 1st-time recipients aged 6 months – 9 years: 2 doses (0, 4 weeks) | 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 | |
| _ | | | | | | | | |







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.

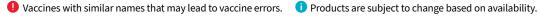


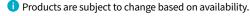


i Please refer to the DHW Publicly Funded Vaccine Schedule here

Publicly Funded Vaccines in Nova Scotia 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; 1st-time recipients aged 6 months – 9 years: 2 doses (0, 4 weeks) | 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 |







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.





i Please refer to the DHW Publicly Funded Vaccine Schedule here

Publicly Funded Vaccines in Nova Scotia

(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 | 2 separate needles at least 1-inch apart | | |
| | Pneumococcal conjugate (Pneu-C-15) | Vaxneuvance | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | No | 1-inch | | | |
| | Rotavirus | RotaTeq | Orally administered | Oral | 2 mL | No | Not applical | ole | | |
| | DTaP-IPV-Hib 🕕 | Pediacel or Pentacel | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | Pentacel only (Vaccine specific diluent) | 25 g | 2 separate needles at least 1-inch apart | | |
| 4 MONTHS | Pneumococcal conjugate (Pneu-C-15) | Vaxneuvance | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | No | 1-inch | | | |
| | Rotavirus | RotaTeq | Orally administered | Oral | 2 mL | No | Not applical | ole | | |
| 6 | DTaP-IPV-Hib 🕕 | Pediacel or Pentacel | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | Pentacel only (Vaccine specific diluent) | 25 g 1-inch | | | |
| MONTHS | Rotavirus | RotaTeq | Orally administered | Oral | 2 mL | No | Not applical | ole | | |
| | Pneumococcal conjugate (Pneu-C-15) | Vaxneuvance | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | No | 25 g | 2 separate needles at | | |
| 12 MONTHS | Meningococcal group C conjugate | Neisvac-C Menjugate | Vastus lateralis (thigh) | Intramuscular | 0.5 mL | NeisVac-C (No) Menjugate (Yes) | 1-inch | least 1-inch apart | | |
| | MMRV (measles, mumps, rubella, varicella) | Priorix Tetra ProQuad | Upper arm | Subcutaneous | 0.5 mL | Yes (vaccine- specific diluent) | 25 g 5/8- inch | | | |
| 18 | DTaP-IPV-Hib 🕕 | Pediacel or Pentacel | Deltoid | Intramuscular | 0.5 mL | Pentacel only (Vaccine specific diluent) | 25 g 1-inch | | | |
| MONTHS | MMRV (measles, mumps, rubella, vari-cella) | Priorix Tetra ProQuad | Upper arm | Subcutaneous | 0.5 mL | Yes (vaccine- specific diluent) | 25 g 5/8-incl | า | | |
| 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 | | | | | | | | | | |
| | HPV series (0, 6 months) | Gardasil 9 | Deltoid | Intramuscular | 0.5 mL | No | 25 g 1-inch | | | |
| GRADE 7 | Hepatitis B series (0, 6 months) | Engerix-B Recombivax | Deltoid | Intramuscular | 1.0 mL | No | 25 g 1-inch | | | |
| SCHOOL VACCINES | 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 | | | |



i Please refer to the DHW Publicly Funded Vaccine Schedule here

Publicly Funded Vaccines in Nova Scotia

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

| 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 *If not previously given in adulthood. May receive one dose 10 years after receiving a tetanus containing vaccine. | 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 *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. | 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) | Prevnar 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 1st-time recipients aged 6 months – 9 years: 2 doses (0, 4 weeks) | 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 of | 1 For information on vaccination and pregnancy see here. 1 For information on Covid-19 vaccination see here. 1 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.**

