

MEMORANDUM

To: Healthcare providers
From: Dr. Rosana Salvaterra, Medical Officer of Health
Date: January 16, 2017
Subject: Immunization and Immunosuppression

Immunization in patients who are undergoing immunotherapy should be considered, whenever possible, prior to starting treatment. The varying degree of immunodeficiency will influence which vaccines can and should be administered. Ontario funds some but not all of these vaccines. The Canadian Immunization Guide, now available online at www.healthykanadians.gc.ca/healthy-living-vie-saine/immunization-immunisation/canadian-immunization-guide-canadien-immunisation/index-eng.php is a good place to start as Chapter 3, last updated in November 2016, addresses immunosuppression, and Chapter 4 provides vaccine-specific information.

Live vaccines should always be discussed with the most responsible physician, as their safety will depend on the degree of immunosuppression. In addition to the patient, it is important to address immunization of close and household contacts. Each influenza season, we attempt to do this, essentially using “ring” vaccination, as we do in rabies, by creating a fire wall of immunity around the person we are trying to protect.

As this topic was addressed just recently at Grand Rounds (January 13, 2017), here are a few quick tips on specific vaccines:

1. Herpes Zoster Vaccine:

- Recommendation: This vaccine could be considered for anyone 50 years or over who is anticipating initiation of immunosuppressive therapy but its safety and efficacy is an area of ongoing research.
- Publicly-Funded: Zostavax vaccine is publicly funded for those 65 years to 70 years inclusive.

2. Haemophilus Influenzae B (HiB):

- Recommendation: Previously unimmunized adults can receive this vaccine (Act-HiB).
- Publicly-Funded: Those who meet the publicly-funded high-risk eligibility criteria can receive it free of charge. The high-risk eligibility includes individuals with asplenia, bone marrow or solid organ transplant recipients, cochlear implant recipients, hematopoietic stem cell transplant recipients, immunocompromised individuals, lung transplant recipients, and/or primary antibody deficiencies.

3. Meningococcal Disease:

- Recommendation: Both a quadrivalent conjugate and polysaccharide meningococcal vaccine (Men-ACYW) are available for use, as well as the 4CMenB vaccine. These could be indicated depending on immunization history and risk. Please refer to the Canadian Immunization Guide.
- Publicly-funded: In Ontario, Men-C-ACYW is free for persons with acquired complement deficiency (e.g. receiving eculizumab), asplenia, cochlear implant recipients, persons with HIV, and those with complement, properdin, Factor D or primary antibody deficiencies if they are 9 months to 55 years inclusive. The 4CMenB vaccine is only free to these high risk groups if they are between the ages of 2 months to 17 years inclusive. The polysaccharide quadrivalent vaccine is free for those ≥ 56 years, but only as a single booster dose 5 years after the conjugate has been given.

4. Pneumococcal Disease:

- Recommendation: Both the Prevnar 13 (Pneu-C-13) and the polysaccharide vaccine (Pneu-P-23) are recommended, depending on the age of the patient and previous immunization history.
- Publicly-funded: These are both publicly funded for people with immunosuppression. Doses depend on the underlying disease. Please refer to the Publicly-funded schedule for Ontario (December 2016) for ages and high-risk eligibility criteria.

Please call Peterborough Public Health at 705-743-1000, ext. 349 if you require assistance in determining eligibility for publicly funded vaccines.