

FACT SHEET



RECOMMENDED VACCINES FOR HEALTHY PRETEENS, ADOLESCENTS AND YOUNG ADULTS (AGED 9-25)

This resource summarizes recommended immunizations for healthy preteens, adolescents and young adults between the ages of 9 and 25 who have completed recommended childhood vaccinations, and provides counseling points for health care providers. For more information, visit the Canadian Immunization Guide at <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>

The following vaccines are recommended for healthy preteens, adolescents and young adults by the National Advisory Committee on Immunization (NACI):

Tetanus, diphtheria, pertussis

1 dose of Tdap or Tdap-IPV at age 14 to 16 (vaccines vary by jurisdictions)

1 booster dose of Td every subsequent 10 years.

Hepatitis B

Recommended schedule for monovalent HB vaccine is 3 doses at months 0, 1, and 6 or 2 doses (for ages 11 to 15) at months 0 and 4 to 6.

Preteens and adolescents at increased risk of exposure to HB or who do not have immunity from past infection or previous immunization should receive HB-containing vaccine. Persons who may be traveling as part of school or university should be considered for immunization. Other recommended recipients of the hepatitis B vaccine include all preteens and adolescents who have immigrated to Canada from areas where there is a high prevalence of hepatitis B. Preteens and adolescents born in Canada whose families have immigrated to Canada from areas where there is a high prevalence of hepatitis B should also be considered for immunization.

Hepatitis A

Primary immunization is achieved with 1 dose of HA vaccine with 1 booster dose given at 6 to 36 months later (may vary per vaccine)

With few exceptions, immunization of persons with indications for both hepatitis A and hepatitis B vaccine should be undertaken with combined HAHB vaccine. Persons who may be traveling as part of school, college or university should be considered for immunization.

Human papillomavirus

Recommended interval between first and last dose is 6 months regardless of a 2 dose (for ages 9 to 14) or 3-dose schedule. For a 3-dose schedule, the minimal interval between the first and second dose is 4 weeks and the second and third doses should be separated by an interval of at least 12 weeks.

Females should receive either HPV2 or HPV4. Only HPV4 should be used in males.

Meningococcal disease

1 dose for adolescents and young adults of either Men-C-C or Men-C-ACYW-135 vaccine (even if previously vaccinated as an infant or toddler)

Either a Men-C-C conjugate or a quadrivalent conjugate meningococcal (Men-C-ACYW-135) vaccine (depending on local epidemiology and programmatic considerations) is recommended for adolescents and young adults even if previously vaccinated as an infant or toddler.

Co-administration

There are no contraindications to co-administration of any of these vaccines in terms of safety and/or efficacy unless otherwise stated.

Live vaccine considerations

Live attenuated influenza vaccine (LAIV) should NOT be given to pregnant women or those with significant immunosuppression.

What is significant immunosuppression? For more information, visit <http://www.phac-aspc.gc.ca/publicat/cig-gci/p03-07-eng.php>

- Prednisone 20 mg or more per day x 14 days or more
- biologicals such as Enbrel and Remicade
- asplenia, HIV and other known immunodeficiency states
- malignant neoplasms including leukemia and lymphoma
- solid tumors

Meningococcal serogroup B

Primary immunization with 4CMenB is achieved with 1 dose and 1 booster at least one month apart for adolescents between the ages of 11 and 17.

4CMenB conjugate vaccine is recommended for persons aged 2 months to 17 years on an individual basis or for persons who are at higher risk of infection with meningococcal serogroup B. The following groups are identified by NACI as being at higher risk:

- persons with anatomic or functional asplenia (including sickle cell disease)
- persons with congenital complement, properdin, factor D or primary antibody deficiencies
- persons with acquired complement deficiencies (e.g. those receiving eculizumab)

Travellers do not need to receive 4CMenB unless they are travelling to an area with an outbreak known to be caused by meningococcal serotype B.

Influenza

Recommended administration of live attenuated influenza vaccine (LAIV) is 1 dose intranasal. Recommended administration of quadrivalent inactivated vaccine (QIV) or trivalent inactivated vaccine (TIV) is 1 dose intramuscular injection.

Influenza immunization is recommended for anyone 6 months of age and older without contraindications. However, priority should be given to persons at higher risk of influenza-related complications, including persons with:

- cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma)
- diabetes mellitus and other metabolic diseases
- cancer, immune-compromising conditions (due to underlying disease or therapy)
- renal disease
- anemia or hemoglobinopathy
- conditions that compromise the management of respiratory secretions

Other priority groups include healthy pregnant women, Aboriginal peoples, persons who are morbidly obese, preteens and adolescents up to 18 years of age with conditions treated for long periods with acetylsalicylic acid, because of potential increase of Reye's syndrome associated with influenza; and persons capable of transmitting influenza to those at high risk, including essential caregivers.

What drugs are NOT considered significant immunosuppression for administering live vaccines?

- Prednisone less than 20 mg/day
- Sulfasalazine
- Hydroxychloroquine
- Aztreonam

What about lower-dose steroids?

Topical, nasal, inhaled, joint injections or maintenance physiologic replacements are NOT contraindications for live virus vaccine.

Reference

Canadian Immunization Guide (2013). National Guidelines for Immunization Practices Available: <http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-03-eng.php>

Public Health Agency of Canada (2014). Immunization Schedules: Recommendations from the National Advisory Committee on Immunization (NACI). Available: <http://www.phac-aspc.gc.ca/imis-cv/index-eng.php>