9.0 Active Immunization Protocols (in alphabetic order)

- **Bacille Calmette Guerin (BCG)**
  - Freeze - Dried Glutamate BCG Vaccine (Japan)

    Appendix A - Japan BCG Vaccine Product Insert

    Appendix B - Japan BCG Administration

    Fact Sheet: Bacille Calmette-Guerin (BCG)

    BCG Vaccine Consent Form

- **Diphtheria-Tetanus-Acellular Pertussis-Polio (DTaP-IPV)/ Tetanus-Diphtheria-Acellular Pertussis-Polio (Tdap-IPV)**
  - Quadracel®
  - Infanrix®-IPV
  - Adacel®-Polio
  - Boostrix®-Polio

    Fact Sheet: DTaP-IPV/Tdap-IPV Vaccine

- **Diphtheria-Tetanus-Acellular Pertussis-Polio-Haemophilus Influenza Type B (DTaP-IPV-HIB)**
  - Infanrix®-IPV/Hib
  - Pediacel®

    Fact Sheet: DTaP-IPV-HIB Vaccine

- **Hepatitis A (HA)**
  - Avaxim® and Avaxim®-Pediatric
  - Havrix® 720 Junior and Havrix® 1440

    Fact Sheet: Hepatitis A Vaccine

- **Hepatitis B (HB)**
  - Engerix®-B
  - Recombivax HB®

    Fact Sheet: Hepatitis B Vaccine

- **Human Papillomavirus (HPV9)**
  - Gardasil®9
    Fact sheet: Human Papillomavirus (HPV) Vaccine (updated June 2017)
    Responding to parents about Human Papillomavirus (HPV) vaccination: A guide for health care providers (updated June 2017)
    Human Papilloma Virus (HPV) Vaccine : A guide for parents
    HPV Reporting Form (updated June 2017)

- **Measles, Mumps, and Rubella (MMR)**
  - M-M-R® II
  - Priorix®
    Fact Sheet: Measles, Mumps and Rubella Vaccine

- **Measles, Mumps, Rubella, and Varicella (MMRV)**
  - PRIORIX-TETRA®
  - ProQuad™
    Fact Sheet: Measles, Mumps, Rubella, and Varicella Vaccine

- **Meningococcal Group C (Men-C)**
  - Menjugate®
  - NeisVac-C®
    Fact Sheet: Meningococcal Group C Vaccine

- **Meningococcal Groups A, C, Y, and W (Men-C-ACYW)**
  - Menactra®
  - NIMENRIX®
    Fact Sheet: Meningococcal A, C, Y and W-135 Vaccine

- **Pneumococcal Conjugate 13-valent (Pneu-C-13)**
  - Prevnar® 13
    Fact Sheet: Pneumococcal Conjugate 13 Vaccine

- **Pneumococcal Polysaccharide 23-valent (Pneu-P-23)**
  - Pneumovax® 23
    Fact Sheet: Pneumococcal Polysaccharide 23 Vaccine

- **Rotavirus (RV)**
  - ROTARIX®
  - RotaTeq®

    Fact Sheet: Rotavirus Vaccine

- **Tetanus and Diphtheria (Td)**
  - Td Adsorbed

    Fact Sheet: Tetanus and Diphtheria Vaccine

- **Tetanus-Diphtheria-Acellular Pertussis (Tdap)**
  - Adacel®
  - Boostrix®

    Fact Sheet: Tetanus-Diphtheria-Acellular Pertussis Vaccine

- **Tuberculin Skin Test (TST)**
  - Tubersol®

    Fact Sheet: Tubersol

- **Varicella (Var)**
  - Varilrix®
  - Varivax® III

    Fact Sheet: Varicella Vaccine

Immunization Protocol for Freeze – Dried Glutamate BCG Vaccine (Japan)

Bacille Calmette-Guérin (BCG)

Purpose	To provide information and guidance for Bacille Calmette-Guérin (BCG) immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect infants and young children from serious complications of Tuberculosis (TB) infection in Nunavut. Although it does not provide permanent or absolute protection against TB, the BCG vaccine does have a protective effect against TB meningitis and disseminated disease.
Indication	Nunavut's publicly funded program is routinely offered to all infants at one month of age. It may be given earlier, but only after confirmation that the infant does not have Severe Combined Immune Deficiency (SCID) in newborn screening results.
Eligibility	Infants up to 12 months of age living in Nunavut. Infants born outside of Nunavut who did not already receive the BCG vaccine are eligible to receive it upon their return to the territory.
Product	Freeze-Dried Glutamate BCG Vaccine (Japan)
Vaccine Type	Live vaccine derived from an attenuated strain of *Mycobacterium bovis*.
Vaccine components	Live Bacteria of Calmette and Guerin (0.5mg/ampoule) Sodium Glutamate (2.0mg/ampoule)
Formats available	Consists of a BCG ampoule and diluent. Follow package insert instructions for reconstitution. One reconstituted ampoule contains 20 (0.05 mL) doses.
Manufacturer	Japan BCG Laboratory
Administration	Intradermal (ID) injection over the outer lower aspect of the deltoid region on the right arm. It is administered in a syringe with a 26-gauge or 27-guage needle, the bevel facing upwards.
Dose Series	Single dose of **0.05 mL*** of reconstituted vaccine for infants. The vaccine should be administered at one month if screening for Severe Combined Immunodeficiency Syndrome (SCID) is confirmed negative. See Appendix A. *** Dose alert ***
Booster Dose	Not Applicable
Vaccine interchangeability	Not Applicable
Contraindications	• Anaphylactic allergy to the vaccine or its components. • Any person with a condition resulting in impaired cell-mediated immune response, including HIV infection, altered immune status due to malignant disease, and impaired immune function secondary to treatment with corticosteroids or radiation. • Infants with confirmed or suspected Severe Combined Immunodeficiency (SCID). • Infants born of HIV positive mothers, or if HIV status of mother is unknown, the infant should NOT be vaccinated. • Family history of immunodeficiency including severe combined immunodeficiency syndrome (SCIDS). • A positive TST result and/or a history of TB • Extensive skin disease or burns • If an infant has received Immune Globulin or Blood products, the BCG vaccine should

	be held until further consultation with regional CDC. • Breastfeeding infants of mothers taking immune modulator medications, such as monoclonal antibodies (infliximab, rituximab) Regional CDC should be consulted in these cases.
Precautions and Additional Notes	Do not give BCG unless **negative** screening results for Severe Combined Immunodeficiency have been reviewed. Since BCG is a live vaccine given intradermally and may squirt during administration, it is likely prudent to protect the eyes of the infant, their caregiver and the vaccine provider. The BCG glass ampoule requires scoring with supplied file prior to snapping off the top (scoring not necessary for diluent ampoule) See Appendix B. Using an incorrect diluent may result in damage to the vaccine and/or serious reactions to those receiving the vaccine. The skin at the site of injection should be cleansed with an alcohol swab and allowed to dry prior to vaccination. BCG can be given with another live vaccine simultaneously or at least 4 weeks apart. A Tuberculin Skin Test (TST) is indicated prior to BCG vaccine administration depending on the age of the infant as follows: ○ Infants <2 months of age do not require a tuberculin skin test (TST) before receiving BCG vaccine, since reactivity does not develop before this age. ○ Infants between 2 – 6 months of age should be assessed on an individual basis for risk-benefit of having a TST prior to vaccination. A TST at this age may result in a false negative reading. Based on the outcome of the risk-benefit assessment either: ▪ Administer a one-step TST before BCG vaccine if there is a high risk of prior TB exposure **OR** ▪ Administer BCG vaccine without prior TST if the infant may not return after TST for BCG vaccine ○ Infants > 6 months of age require a TST. Proceed with BCG vaccine on infants with a negative TST reading of < 5mm. For TST readings ≥ 5mm contact your RCDC for further recommendations and do not give the BCG vaccine. BCG immunization will not prevent the development of active TB in individuals who are already infected with *M. tuberculosis.* Maternal HTLV-1 (human T-cell lymphotrophic virus type 1) infection and possible neonatal HTLV-1 infection are not a contraindication to BCG, as neonatal HTLV-1 infection does not result in significant immune suppression in the child. Inadvertent subcutaneous injection may produce abscess formation. Incision or drainage of the abscess is not recommended. Administration of BCG vaccine should be postponed in persons with moderate or severe acute illness (including neonates with suspected sepsis). Infants with minor acute illness (with or without fever) may be vaccinated. A history of receiving the BCG Vaccine may result in a positive TST in the future.

Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	A local reaction is normal and expected after BCG. A small tender red swelling may appear at the site of the injection, which gradually changes to a small vesicle and then an ulcer in 2-4 weeks. This resolves within 2 to 5 months often leaving a scar 2- 10 mm in diameter. Rarely, the nodule may persist and ulcerate. It is not recommended to use antibiotic ointment or to cover with occlusive bandage (including Telfa) at the site. All the following side effects require reporting using the Adverse Events Following Immunization (AEFI) Form. ○ Abscess formation may occur. Incision or drainage of the abscess is not recommended. (moderate) ○ Occasionally, enlargement of axillary lymph nodes may appear in 2-4 months following immunization. (moderate) ○ Very rarely, enlarged lymph nodes can suppurate. (moderate) ○ Disseminated BCG disease (frequency < 1:1,000,000) may occur in infants who ○ are immunocompromised, and is a life threatening condition. (severe) ○ Serious allergic reaction or rarely anaphylaxis. (severe)
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Vaccine coverage data are essential for monitoring vaccine uptake, the impact of immunization strategies, and for informing policy. The BCG Vaccine Reporting Form must be filled out **for every ampoule**. Each vaccine dose given or wasted must be accounted for to meet the requirements of the Special Access Program (SAP) for Health Canada. Fax completed forms to RCDC.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) BCG Vaccine Fact Sheet BCG SCID Fact Sheet BCG Consent Form BCG Vaccine Reporting Form Appendix A – BCG Japanese Product Insert Appendix B - BCG Reconstitution, Administration and Reporting Directions

References	1. Freeze-Dried Glutamate BCG Vaccine (Japan) Product Monograph. Japan BCG Laboratory. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2020). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. Public Health Agency of Canada and Canadian Lung Association/Canadian Thoracic Society. (2014). *Canadian Tuberculosis Standards*. (7th ed.). Ottawa Source: https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition/edition-12.html 4. Government of Nunavut (2018). *Nunavut TB Control and Elimination Manual.* https://www.gov.nu.ca/sites/default/files/nunavut-tuberculosis-manual-2018.pdf

(For The Medical Profession)

FREEZE-DRIED GLUTAMATE BCG VACCINE (JAPAN) FOR INTRADERMAL USE

DESCRIPTION

It is a live freeze-dried vaccine made from an attenuated strain of ***Mycobacterium bovis.***
It is used for the prevention of tuberculosis. The vaccine fulfils WHO requirements for BCG vaccine.

COMPOSITION OF VACCINE

(a) Live Bacteria of Calmette and Guerin (as approximately 70% moist bacteria) ····· 0.5mg/ampoule
(b) Sodium Glutamate (as a stabilizer) ····· 2.0mg/ampoule

ADMINISTRATION

For children under one year 0.05ml and for others 0.1ml of reconstituted vaccine is given intradermally. Special syringes allow administration of the exact dose. A sterile syringe and a sterile needle should be used for each injection. The skin should not be cleaned with antiseptic. Special care is needed in opening the ampoule so that the vaccine is not blown out. Because of sensitivity to ultraviolet light, the vaccine must be protected from sunlight. If not used immediately after reconstitution,the vaccine should be kept on ice to maintain its temperature between +2℃ and +8℃. Any opened container remaining at the end of a session (within **six hours** of reconstitution) must be discarded.

The diluent supplied is specially designed for use with this vaccine. Only this diluent may be used to reconstitute the vaccine. Do not use diluents from other types of vaccine or from other manufacturers. Water for injection may NOT be used for this purpose. **Using an incorrect diluent may result in damage to the vaccine and/or serious reactions to those receiving the vaccine**. Diluent must not be frozen but must be cooled between +2℃ and +8℃ before reconstitution. If the vaccine vial monitor (see figure) is present, it is removed on reconstitution.

Skin testing with tuberculin is not generally carried out before giving BCG, but when performed, those who are found to be positive reactors need not be immunized.

RECONSTITUTION AND VACCINATION

File the neck part of the BCG ampoule with the file provided with the pack for cutting the ampoule. Wrap the filed site with the sheet provided with the pack to prevent the vaccine from blowing out of the ampoule as the interior of the ampoule is kept vacuum, and then snap to break off the ampoule at the filed site. With a syringe, add the whole amount of saline diluent into the BCG ampoule (A file is not needed to break off the diluent ampoule). Give a few gentle shakes to the ampoule to ensure homogeneity of the suspension. A homogeneous suspension in a concentration of 0.5mg per ml is now obtained. The vaccination site is about half way down the outer aspect of the upper arm. Do not vaccinate at the shoulder, nor revaccinate at a previously vaccinated site. Any volume of vaccine remaining in the container must be discarded.

IMMUNIZATION SCHEDULE

BCG should be given routinely to all infants at risk of early exposure to the disease. For maximum protection, this vaccine should be given as soon after birth as possible. It can be given at the same time as DTP, measles, polio (OPV and IPV), hepatitis B, Haemophilus influenzae type b, and yellow fever vaccines and vitamin A supplementation. Many countries still recommend not to give BCG within 4 weeks of another live vaccine.

SIDE EFFECTS

A local reaction is normal after BCG. A small tender red swelling appears at the site of the injection, which gradually changes to a small vesicle and then an ulcer in 2-4 weeks. The reaction usually subsides within two to five months and in practically all children leaves a superficial scar 2-10 mm in diameter. Rarely, the nodule may persist and ulcerate.
Occasionally, enlargement of axillary lymph nodes may appear in 2-4 months following immunization. Very rarely, enlarged lymph nodes can suppurate. Inadvertent subcutaneous injection may produce abscess formation and may lead to scarring.

Anaphylaxis, including shock or anaphylaxis-like symptom, may appear. Although anaphylaxis is very rare, the subjects should be observed for an allergic reaction after BCG.
Very rarely, systemic disseminated BCG-infection, including osteitis or osteomyelitis, may appear, especially in persons with primary or secondary immunodeficiencies. Expert advice should be sought regarding the appropriate treatment regimen with selected anti-tuberculosis drugs for the management of systemic infections.

CONTRAINDICATIONS

Keloid and lupoid reactions may also occur at the site of injection and children experiencing such reactions should not be revaccinated.
Do not give in pregnancy.

Immune deficiency

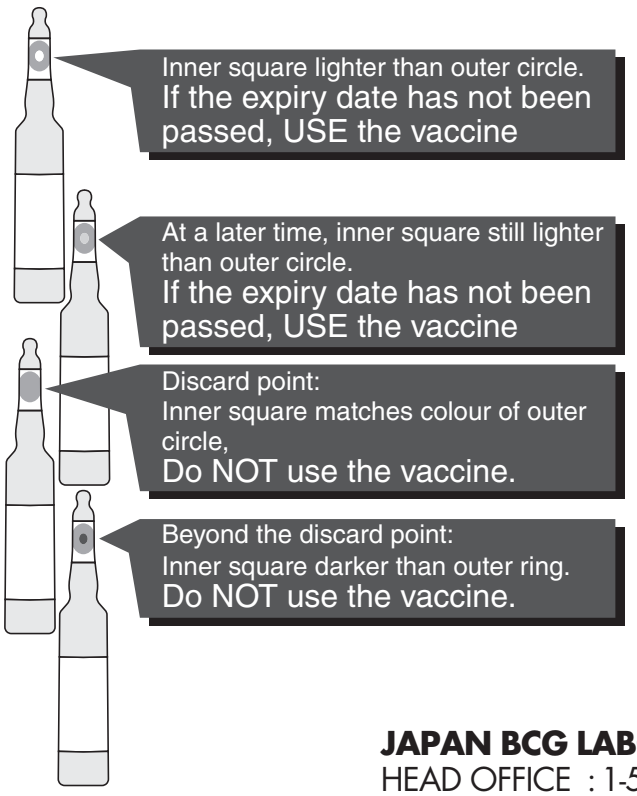
The vaccine is contraindicated in individuals with cell-mediated immune deficiency.
Individuals known to be infected with human immunodeficiency virus (HIV), either non-symptomatic or symptomatic, should NOT receive BCG vaccine.

STORAGE

BCG vaccine should be stored and transported between +2℃ and +8℃. It is even more stable if stored in temperatures as low as -20℃. The diluent should not be frozen. The vaccine should be protected from the light. Vaccine ampoules and diluents should be transported together.

Vaccine Vial Monitors (VVMs) are part of the label on all BCG supplied through JAPAN BCG LABORATORY. The colour dot, which appears on the label of the ampoule, is a VVM. This is a time-temperature sensitive dot that provides an indication of the cumulative heat to which the ampoule has been exposed. It warns the end user when exposure to heat is likely to have degraded the vaccine beyond an acceptable level.

The interpretation of the VVM is simple. Focus on the central square. Its colour will change progressively. As long as the colour of this square is lighter than the colour of the ring, then the vaccine can be used. As soon as the colour of the central square is the same colour as the ring or of a darker colour than the ring, then the ampoule should be discarded.



The VVM does not extend life of a vaccine once it has been reconstituted. Even though the VVM indicates that the vaccine is acceptable, if it has been reconstituted, the vaccine should be used immediately on a maximum of 6 hours beyond reconstitution and then discarded.

PRESENTATION

The vaccine comes in boxes of 100 ampoules each containing 1,000 doses or 2,000 doses per box.
The diluent in boxes of 100 ampoules accompanies all orders.

REFERENCES

1. Quality Control of freeze-dried BCG vaccine from Japan BCG Laboratory, Tokyo, Japan, 1994/1995, Dr. J. Milstien, WHO Vaccine Supply and Quality, 1996.
2. The Thermostability of Different BCG Products, K.Bunch-Christensen, Chief, BCG Department, Statens Seruminstitut, Copenhagen, WHO Collaborating Centre for BCG Vaccine; WHO/TB/81.118, 1981.

JAPAN BCG LABORATORY
HEAD OFFICE : 1-5-21 Otsuka, Bunkyo-ku, Tokyo 112-0012, Japan
Tel : (03)5395 - 5583
Fax : (03)5395 - 5580
KIYOSE PLANT : 3-1-5 Matsuyama, Kiyose-shi, Tokyo 204-0022, Japan

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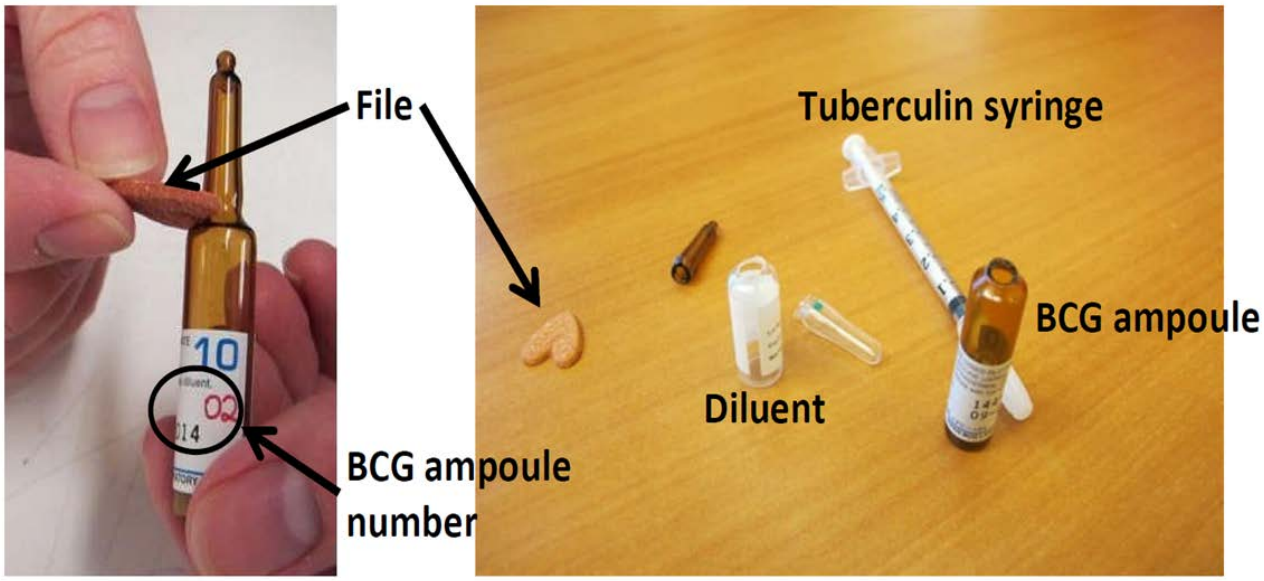
APPENDIX B

Reconstitution, Administration and Reporting Directions for the Freeze-Dried Glutamate BCG Vaccine (Japan)

Equipment

- Brown glass ampoule containing freeze-dried glutamate BCG.
- Clear glass ampoule containing specialized normal saline BCG diluent.
- Small, heart shaped file to score BCG ampoule, and plastic sleeve for breaking ampoules (please keep file in plastic pill container to avoid losing).
- 3 cc syringe for reconstitution
- 0.5 cc or 1.0 cc tuberculin syringe with 26 or 27 gauge needle for vaccine administration.
- Alcohol swabs.



Storage and Handling

- Store numbered BCG vaccine and specialized diluent ampoules together in the refrigerator between 2 and 8 degrees Celsius. Protect from sunlight.
- Use vaccine immediately after reconstitution. For catch up clinics only, a single vaccine provider may store their own reconstituted vaccine up to 6 hours (e.g. in a sterile specimen container, wrapped in gauze), protected from light and kept at 2 to 8 degrees Celsius. Unused vaccine must be discarded after 6 hrs. In all other cases, excess reconstituted vaccine should preferably be discarded after reconstitution and single use.
- Drawing up and storing multiple syringes of reconstituted vaccine is not recommended (avoids increased risk of contamination, drug error, and drug molecules may adhere to the inside barrel of the syringe affecting dose accuracy).
- After 6 hours discard all remaining vaccine doses.

Reconstitution

- Select and use the numbered BCG ampoules in sequence.
- Cleanse the tops of the BCG and diluent ampoules with an alcohol swab. Grasping the tip of the heart shaped file, hold it horizontally against the neck of the BCG ampoule. Pressing the 'lobes' of the heart against the ampoule neck, score a line fully around the ampoule.
- Slip the plastic sleeve (or other clean barrier e.g. 4x4, alcohol swab wrapper) over the scored BCG ampoule and snap the top of the ampoule away from you.
- Repeat this with the diluent ampoule, snapping the top off away from you. The diluent ampoule does not require scoring.
- Using a 3 cc syringe draw up all of the saline diluent and inject it into the BCG containing ampoule. Swirl gently to create a homogenous suspension (= 0.5 mg/ml)

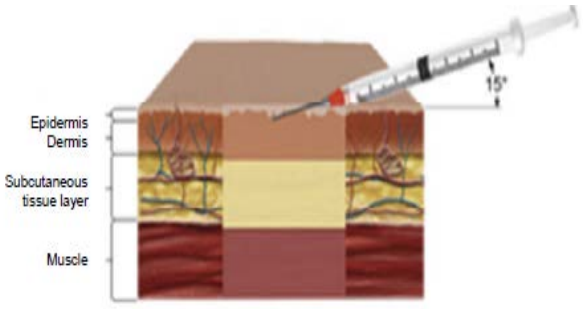
Preparing for administration

- Using a sterile 0.5 cc or 1.0 cc, 27 or 26 gauge tuberculin syringe draw up **0.05 ml** of reconstituted BCG vaccine (dose alert).
- Wrap the infant tightly with only the **right** arm exposed

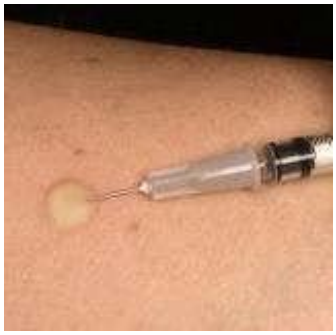
- Lay the infant on left side
- Have one health care provider holding the infant firmly in place
- The parent or guardian can assist by holding the legs
- Both health care providers must wear eye protection and ensure that the infant's and parent's eyes are protected as well

Administration

- Cleanse the site (outer, lower aspect of the right arm, deltoid area). Allow the skin to dry.
- Holding the syringe and needle parallel to the skin surface, inject the vaccine intradermally (bevel up) into the site. Inject slowly, creating a distinct bleb/blister.
- Do not vaccinate at the shoulder. Do not administer subcutaneously.



- If the entire dose has been injected and the bleb/blister has not appeared, the person is considered immunized and the injection should NOT be redone.
- Dispose of all sharps in the sharps container.



Documentation and Reporting

- BCG vaccines in Nunavut are acquired under Health Canada's Special Access Program (SAP). As such, every BCG ampoule and each vaccine dose given and wasted must be accounted for. Unused vaccine must be discarded after 6 hrs.
- Please see the **BCG Vaccine Reporting Form** for recording and accounting for each numbered ampoule, and each dose given and wasted.
- Fax the Reporting Form to the Regional CDC per every ampoule used. Contact your Regional CDC with any questions:

Qikiqtaaluk Region fax: 867-975-4833
Kitikmeot Region fax: 867-983-4088
Kivalliq Region fax: 867-645-2409

Resources

- Nunavut Immunization Manual Immunization Protocol for Freeze-Dried Glutamate BCG vaccine https://www.gov.nu.ca/health/information/manuals-guidelines
- Nunavut Tuberculosis Manual - https://www.gov.nu.ca/sites/default/files/nunavut-tuberculosis-manual-2018.pdf

Fact Sheet
Bacille Calmette-Guérin (BCG)

What are benefits of the BCG vaccine?
The BCG vaccine helps prevent infants and young children from getting very sick from TB.

It does not prevent all types of TB, but it helps prevent serious illness from TB (meningitis, miliary TB).

What is Tuberculosis (TB)?
TB is an infection that can cause coughing, fever, and difficulty breathing. It spreads through the air when a person coughs.

TB is most often an infection of the lungs, but it can also affect other parts of the body.

Is the vaccine safe?
Yes. A normal reaction to the BCG vaccine is a small raised bump that can swell and leak fluid 2 – 4 weeks after the vaccine. This usually heals within 2 – 5 months and may leave a small scar.

Rarely, a swollen lymph node (raised lump) in the armpit or above the collarbone may occur 2 – 4 months after the vaccine. This lymph node usually goes away on its own. Very rarely, this lymph node can get infected and will need to be treated medically. If you find a lump, talk to your health care provider.

The BCG vaccine may result in a future positive tuberculin skin test (TST).

There is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving the vaccine. **It is recommended you stay in the clinic for 15 minutes after getting the vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

The Japan BCG Laboratory vaccine is not licensed in Canada, but it is approved for use in Canada under Health Canada's Special Access Program.

Who should talk with their healthcare provider before their baby receives the BCG vaccine?
Tell your health care provider if your baby/ward has any of the following:

- Immune system difficulties, such as:
  - Taking medications that affect the immune system
  - HIV positive
  - Born to HIV positive or unknown HIV status mother
  - Has a family member with Severe Combined Immunodeficiency (SCID)
- Positive TST or Active TB disease
- Allergy to the vaccine or its components
- Burns or other serious skin problems
- The birth mother was on immune suppressing medications during pregnancy or while breastfeeding

BCG and Severe Combined Immunodeficiency Syndrome (SCID)

Severe Combined Immunodeficiency (SCID) is a group of genetic conditions that affects the body's ability to fight off infections. Children born with SCID are at high risk of infection.

All infants in Nunavut are tested for SCID at birth.

BCG is a live vaccine, and babies who have SCID cannot receive it because their immune systems do not work normally. If BCG is given to a child with SCID, there is the potential for a severe infection.

BCG vaccine is now given at 1 month of age, after you and your healthcare provider know the results of your baby's SCID test.

What is the risk of not getting the BCG vaccine?
Your child has been recommended to receive the BCG vaccine because of their risk of becoming seriously ill with TB. The rates of TB infection are much higher in Nunavut than in other regions in Canada.

Bacille Calmette-Guérin (BCG) After Care

- Wash your baby's arm normally
- Put a cool damp cloth over any swelling
- If the sore is draining, cover it with gauze or a light cotton T-shirt
- Do NOT:
  - massage the arm
  - put cream or ointment on it
  - put a band aid on the sore
  - pop or scratch the bump
- If you are concerned about a reaction with the vaccine, talk with your health care provider

Fiche
Bacille de Calmette et Guérin

Quels sont les avantages du vaccin BCG?
Le vaccin BCG permet d'éviter que les nourrissons et les jeunes enfants attrapent la tuberculose, qui les rendrait gravement malades.

Il ne prévient pas tous les types de tuberculose, mais il aide à prévenir les maladies graves dues à la tuberculose (méningite, tuberculose miliaire).

Qu'est-ce que la tuberculose (TB)?
La tuberculose est une infection qui peut provoquer de la toux, de la fièvre et des difficultés respiratoires. Elle se propage dans l'air lorsqu'une personne tousse.

La tuberculose se présente le plus souvent sous la forme d'une infection pulmonaire, mais elle peut également toucher d'autres parties du corps.

Le vaccin est-il sûr?
Oui. Le vaccin BCG provoque une réaction normale, une petite bosse qui peut gonfler et d'où un liquide peut s'écouler 2 à 4 semaines après le vaccin. Cette bosse guérit généralement en 2 à 5 mois et peut laisser une petite cicatrice.

Dans de rares cas, un ganglion lymphatique gonflé (grosseur à la surface de la peau) à l'aisselle ou au-dessus de la clavicule peut apparaître 2 à 4 mois après le vaccin. Ce ganglion lymphatique disparaît généralement de lui-même. Très rarement, ce ganglion lymphatique peut s'infecter et devra être traité médicalement. Si vous trouvez une grosseur, parlez-en à votre prestataire de soins de santé.

Le vaccin BCG peut donner lieu à un test cutané à la tuberculine (TCT) positif à l'avenir.

Il existe un risque très rare de réaction allergique grave appelée *anaphylaxie*. L'anaphylaxie se manifeste par de l'urticaire, une éruption cutanée, un gonflement de la bouche, des difficultés à respirer. Ce type de réaction se produit généralement dans les 15 minutes qui suivent l'administration du vaccin. **Il est recommandé de rester à la clinique pendant 15 minutes après l'administration du vaccin.** L'anaphylaxie peut être traitée et votre prestataire de soins de santé est formé pour le faire.

Le vaccin BCG produit par le laboratoire japonais n'est pas homologué au Canada, mais son utilisation est autorisée au Canada dans le cadre du Programme d'accès spécial de Santé Canada.

Quand faut-il discuter avec son fournisseur de soins de santé avant que le bébé ait le vaccin BCG?
Informez votre prestataire de soins de santé si votre bébé ou enfant présente l'un des antécédents de santé suivants :

- Problèmes du système immunitaire, tels que :
  - Prise de médicaments qui affectent le système immunitaire
  - Statut VIH positif
  - Bébé né d'une mère séropositive ou de statut VIH inconnu
  - Membre de sa famille atteint d'une Immunodéficience combinée grave
- Statut TCT positif ou tuberculose-maladie
- Allergie au vaccin ou à ses composants
- Brûlures ou autres problèmes de peau graves
- Mère biologique qui a pris des médicaments immunosuppresseurs pendant la grossesse ou qui en prend pendant l'allaitement

Le BCG et l'Immunodéficience combinée grave

L'immunodéficience combinée grave est le nom qu'on donne à un groupe d'affections génétiques qui affectent la capacité de l'organisme à combattre les infections. Les enfants nés avec une Immunodéficience combinée grave courent un risque élevé d'infection.

Tous les bébés du Nunavut sont testés à la naissance pour déceler une Immunodéficience combinée grave.

Le BCG est un vaccin vivant, et les bébés atteints d'Immunodéficience combinée grave ne peuvent pas en bénéficier, car leur système immunitaire ne fonctionne pas normalement. Si le BCG est administré à un enfant atteint d'Immunodéficience combinée grave, un risque d'infection grave existe.

Le vaccin BCG est désormais administré à l'âge de 1 mois, après que vous et votre prestataire de soins ayez pris connaissance des résultats du test d'Immunodéficience combinée grave du bébé.

Quel est le risque de ne pas faire le vaccin BCG?
Il a été recommandé que le vaccin BCG soit administré à votre enfant en raison du risque de maladie grave que présente la tuberculose. Les taux de tuberculose sont beaucoup plus élevés au Nunavut que dans les autres régions du Canada.

Fiche

Soins après l'administration du vaccin Bacille de Calmette et Guérin (BCG)

- Lavez le bras de votre bébé normalement.
- Placez un linge humide et frais sur tout gonflement.
- En cas d'écoulement, recouvrez la bosse de gaze ou le bras d'un tee-shirt en coton léger.
- À NE PAS faire :
    - Masser le bras.
    - Mettre de la crème ou de la pommade.
    - Mettre un pansement sur la plaie.
    - Presser la bosse ou la gratter.
- Si une réaction au vaccin vous inquiète, consultez votre prestataire de soins de santé.

Kangiqhidjutikhaq
Bacille Calmette-Guérin (BCG)

Hunavuvat ikayuutauyut havautiqaqtumik BCG kapuutinin?
Tamna BCG kapuut havaut ikayuutikhat mirrait nutarannuallu mikait aannialaqikpiarnaittumik tiibiirnirmit (TB).

Aannialaqittailitaungittuq tamainnik aallatqiiktunik, kihimik ikayuutauyuq aannialaqiryuaqtailiplugit tiibiirnirmit TB (meningitis, miliary TB).

Hunauyuq Tiibiirniq (TB)?
TB tiibiirniq aanniarutauyuq imaatut ilivaktut qalakhurniq, kidjarniq, imaalu ayuqharnirmik aannikhaaktariaminik. Hiamitiqpaktuq ikiakkut inuk qalakhurangat.

TB tiibiirniq aanniarutauyuq puvvangni, kihimi aanniarutaulayuq ahiani ilanginnut timingnut.

Havautiqaqtuq kapuuti qayangnaitpa?
Iihi. Iidjuhirivaktat ilaani mihingnautingit taffumunga BCG kapuutimut imaatut mikiyumik puvvinninganik angiglivaktut ilaani imaalu maqiplutik 2 – 4 havainirni kappiyauvingmingnit. hamna mamitpaktuq imaatut 2 – 5 tatqiqhiutinni imaalu mikiyumik qilirungurlutik.

Ilaaniinnaq, puvvinnirmik (puvvihimaniq) unirni imaaluuniit haniani qutungni 2 – 4 tatqiqhiutini kapiyauvingnit. Hamna nauyiniq tamaakpaktuq inmigut. Taimaililluayutut, hamna puvvinniga imarluni imaalu havauhiqtuqtauyukhaq munaqhinit. Paqittiguvit puvvinninganik, uqarvigidjavat munaqtigiyat aanniagutiqaguvin.

Tamna BCG kapuutit havautit naunairutauniarunaqhiyuq hivunirmi tiibiirnirmik iuvinikkut hivriuqtaudjutaanut tuberculin (TST).

Pidjutikhakalluangittuq angiyumik timimut nakuunngirutauyaaqtunut atiqaqtumik *anaphylaxis-mik*. Anaphylaxis naunaikpaktut kukuvalaktut, amiklukhutik, pivittutik qanikmi, anirhaalimaikhutik ayuqhalikhutik. Hamna imaittuq mihingnautinga nihingnaqhiniaqtuq imaatut 15 minutesiit kapiyauguvit havbaunmik. **Pitquyauhimayuq utaqqiuqlutit 15 minitsinik munaqhitkunni quyanginnanik havautinik kapuqhiqtaunirnin.** Timimut qayangnaqpiaqtut (Anaphylaxis) ihuaqhaqtauyaaqtut munaqhitkunit ayuiqhayauhimayut havautikhanik.

Tamna Japan BCG Qauyihaivik kapuutit havautit laisiqangittuq Kanadfami, kihimik angiqtauhimayuq atuqtaunikhanik Kanadami Canada titiraqhimayumik ataani Health Canada's Special Access Program.

Kitkut uqaqtukhauvat munaqhimingnut kapukhiktinnatik? hivuani nutarannuat tuniyautinnagu haffuminga BCG kapuutit havaunmik?
Unniutilugu munarhit nutarannuat/munariyat pihimavakpat quyaginnarnik hapkuninnga:

- Timiminut aannialiqtailitikhat ayuqhautiqaqtuq, taimaatut:
    - Havautituqtuq aktuutauyunik timiminut aannialiqtailitikhat
    - HIV-mik aanniarutiqaqqtuq
    - Inuuhimayuq imaatut HIV-mik aanniarutiqaqqtumik imaaluuniit ilitturiyauhimaittumik HIV-mik qanuritaakhanik mamanga
    - Ilaaqtuq taimaittumik naunaiqtauhimayumik Severe Combined Immunodeficiency (SCID)
- Aanniarutiqaqtuq TST imaaluuniit Tiibiiqaqtumik TB aanniarunmik
- Alludjikpaktuq kapuutit havautimik ilagiyainikluuniit
- Utirniqaqtuq imaaluuniit akhutak uvinigluktuq
- Anniavia mamanga piqaqhimayuq imaittumik aannialaqittailitikhanik havautitguqpaktuq hinngaiyautitluni imaaluuniit maamaktitipluni

BCG unalu Severe Combined Immunodeficiency Syndrome (SCID)

Severe Combined Immunodeficiency (SCID) katihimayutpidjutauvaktuq taiyauvaktuq imaatut Severe Combined Immunodeficiency (SCID), pidjutiqaqtuq aanniaqtailitikhanik timimigut aanniarutinik. Nutaqqat inuuhimayut uminga piqaqhutik SCID aqayangnaqpiaktumik aannialiaqittaaqtut.

Tamaita mirayannuat Nunavunmi ihivriuqtauvaktut uminga SCID inuudjutaani.

BCG uumayuq kapuutit havautit, imaalu nutarannuat piqaqtgut taffuminga SCID tuniyauliaittut timimikkut aannialaqittaidjutait nakunginmata. Una BCG tuniyauhimakpat nutarannuamut piqaqtumik uuminga Severe Combined Immunodeficiency (SCID), akhuutak aannialaqiryuarnahuqqurnaqtuq.

Tamna BCG kapuutikhaq tuniyauvaliqtuq i1 atauhirmik tatqiqhiutiniktumut,kinguagut ilvit munaqhillu ilitturiyaranamik ihivriuqtaudjutainnik nutarannuavit SCID ihivriuqtaudjutanik.

Kangiqhidjutikhaq

Hunauvat qayangnaqhidjutiuyaaqtut pingitpat BCG havautiqaqtunik kapuutinik?

Nuitarannuat pitquyauhimayuq kapiyauluni BCG kapuutinik hivuuranarnianik aannialaqiqpiarnahuqqurnarmat tiibiimik TB. Amigaitilaangit tiibiimut (TB) aanniarutinikpaktut angitqiyauyut Nunavunmi aallanit aviktuqhiumayuni Kanadami.

Bacille Calmette-Guérin (BCG) Munaqtaudjutikhat

• Uarlugu nutarannuavit talianik uaqpauthirniq
• Niglaumayumik taulannuamik kinipayumik ilirilugu qangagut puvinnianut
• Kilaarniit maqiliqqan, qannganut ilirilugu mattutikhamik imaaluuniit haattumik kalikuinnarmik akuvruarlugu
• TAIMAILIURUIRLUTIT:
  ○ nanuruirlugu talia
  ○ nanuunmik ilirihuirlugu
  ○ mattuhiruirlugu kilaarnianut
  ○ mahipkaktailugu kumiktailugu puvvinninga
• Ihumaaluutiqaruvilluunniit mikhaagut hulaqutimik kapuuhiutimin, uqaqatigilugu munaqhitkut

ᓱᓕᔪᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᑳᐳᑎ Bacille Calmette-Guérin (BCG)

ᑭᓱᕙᑦ ᐃᑲᔫᑎᑦ ᑲᐱᔭᐅᓂᕐᒧᑦ BCG?

BCG ᑳᐳᑎ ᐃᑲᔪᖅᐸᒃᐳᖅ ᓄᑕᕋᕐᓂ ᓄᑕᕋᓂᒃᑯ ᖃᓂᒪᒃᑕᐃᓕᓪᓗᑎᒃ ᐳᕙᓗᖕᒥᑦ.

ᓄᖅᑲᖅᑎᑦᑎᕙᙱᑦᑐᖅ ᖃᓄᐃᑦᑐᓕᒫᓂ ᐳᕙᒃᓗᖕᓂᖕᓂᑦ, ᐃᑲᔫᑎᕙᒃᑑᒐᓗᐊᖅ ᖃᓂᒪᓗᐊᕐᑕᐃᓕᓂᖕᓂᑦ ᐳᕙᒃᓗᖕᓂᑦ (ᖃᕆᑖᒃᑯᑦ/ᕿᑎᕋᒃᑯᑦ ᐃᒪᕌᓯᒪᓂᖅ, ᐃᒪᒃᓯᒪᔪᑦ ᐳᕘᒃ).

ᑭᓲᕙ ᐳᕙᒃᓗᖕᓇᖅᑐᖅ?

ᐳᕘᖕᓂᖅ ᐊᐃᑦᑑᑕᐅᓰᖅ ᖁᐃᖅᓯᕐᓇᕐᓗᓂ, ᐆᓇᖕᓇᕐᓗᓂᓗ, ᐊᓂᖅᓵᖅᑐᑦᑎᐊᖕᓇᕋᓂᓗ. ᐊᐃᑦᑑᑕᐅᓰᖅ ᐊᓂᕐᑎᓇᓂᒃᑯᑦ ᐃᓄᒃ ᖁᐃᕐᓯᕌᖕᒐᒥ.

ᐳᕙᒃᓗᖕᓂᑦ ᐊᐃᑦᑑᑕᐅᒐᔪᒃᐳᖅ ᐳᕙᖕᓄᑦ ᑭᓯᐊᓂᑦᑕᐅᖅ ᑎᒥᐅᑉ ᐊᓯᐊᒎᕈᓐᓇᖕᒥᔪᖅ.

ᑲᐱᔭᐅᓂᖅ ᐊᑦᑕᕐᓇᖕᒋᓛ?

ᐋ. ᐊᑐᕐᑕᐅᒐᔪᒃᑐᖅ ᑲᐱᔭᐅᓚᐅᕐᑎᓪᓗᒋ BCG–ᒧᑦ ᖃᑦᑎᒃᓯᓕᐊᕐᔪᒃᑯᓂ ᐳᕕᓕᕈᓐᓇᖅᑯᓂ ᒪᕿᑐᓂᓗ ᐃᓇᓱᐊᕈᓯᖕᓄᑦ 2 – 4 ᑲᐱᔭᐅᓚᐅᕐᑎᓪᓗᒍ. ᒪᒥᓲᖅ ᑕᖅᑭᑦ 2 – 5 ᒥᑭᑦᑐᒥᒃᑯ ᕿᓕᕈᖅᑲᑐᐃᓐᓇᓇᐊᖅᑲᖅᑯᓂ.

ᐱᒐᔪᙱᑦᑑᒐᓗᐊᖅ, ᐳᕕᓕᕐᑐᓂ ᕿᓕᕐᓯᓇᖅ (ᐳᕕᑦᑐᖅ) ᐅᓂᐊᒍᑦ ᖁᑑᓪᓘᓐᓃᑦ ᖁᕉᒍᑦ ᑕᖅᑭᑦ 2 – 4 ᑲᐱᔭᐅᓚᐅᕐᑎᓪᓗᒍ. ᕿᓕᕐᓯᓇᖅ ᐃᒥᓂᒃ ᓄᖑᓲᖑᒐᓗᐊᖅ. ᐱᒐᔪᙱᑦᑐᓪᑳᓗᒃ, ᕿᓕᕐᓯᓇᖅ ᐃᒪᒍᓇᕐᑐᑦ ᐃᓅᓕᓴᕐᑕᐅᔭᓇᐊᖅᑲᕐᑯᓂᓗ. ᐳᕕᑦᑐᕐᓯᐊᕈᕕᑦ, ᐋᓂᐊᓯᐅᑎᒧᑦ ᐅᖅᑲᖅᑎᖅᑲᓇᑦ.

ᑖᓇ BCG ᑳᐳᑎ ᓯᕗᓂᖕᒐᓂᑦ ᐳᕙᒃᓗᒃᑐᑎᑐᑦ ᓴᖅᑭᑎᑦᑎᑐᐃᓐᓇᓇᐊᓕᒃ ᐅᕕᓂᒃᑯᑦ ᑲᐱᔭᐅᓚᐅᕐᑐᓂ.

ᐊᑐᕐᑕᐅᓗᐊᕐᐸᙱᑦᑑᒐᓗᐊᖅ ᑎᒥ ᐱᐅᒃᓴᙱᑐᐃᓐᓇᓇᐊᖅᑲᖕᒪᑦ ᑕᐃᔭᐅᔪᒥᑦ *anaphylaxis.* Anaphylaxis ᓴᖅᑮᓲᖅ ᐱᖑᔭᑦᑐᑎᑐᑦ, ᐊᒥᕐᓗᒃᑐᓂ, ᐳᕕᓪᓗᓂ ᖃᓂᖅ, ᐊᓂᖅᑎᓇᑦᑎᐊᕈᓐᓇᙱᓪᓗᓂ. ᑖᓇ ᑕᐃᒪᐃᒐᔪᖅᑲᑦᑕᖅᐳᑦ 15 ᒥᓂᑦ ᑲᐱᔭᐅᔮᖅᓯᒪᓕᖅᑎᓪᓗᒍ. **ᐅᑕᕿᕐᑯᔭᐅᖅᑲᑦᑕᖅᐳᑦ ᐋᓂᐊᕕᕐᒦᓚᐅᑲᓪᓗᑎᑦ 15 ᒥᓂᑦ ᑭᓱᑐᐃᓐᓇᕐᒥᑦ ᑲᐱᔭᐅᔭᕌᖕᒐᕕᑦ.** ᑎᒥᒃᑯᑦ ᐱᐅᒃᓴᙱᕐᔪᐊᓂᑦ ᑲᒪᒋᔭᐅᔪᓐᓇᖅᑐᖅ ᐋᓂᐊᓯᐅᖅᑎᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓯᒪᔪᖅ ᖃᓄᖅ ᑲᒪᒋᔭᓇᐊᒃᓴᖕᒐᓂ.

ᔭᐸᓐ BCG ᑳᐳᒌ ᐱᔪᓐᓇᐅᑎᖃᙱᓚᑦ ᑲᓇᑕᒥᑦ, ᑭᓯᐊᓂᓕ ᐊᖏᖅᑕᐅᓯᒪᔪᑦ ᐊᑐᕐᑕᐅᓂᐊᖅᑐᓂ ᑲᓇᑕᒥᑦ ᑲᓇᑕᒥᑦ ᐋᓂᐊᖃᖕᓇᙱᑦᑐᓕᕆᔾᔭᒃᑯᑦ ᐊᔾᔨᐅᙱᑦᑐᓂᑦ ᐱᔪᓐᓇᖕᓂᖕᒧᑦ ᐱᓕᕆᐊᑎᒍᑦ.

ᑭᓇ ᐅᖃᖅᑎᖃᕐᓗᐊᖅᐸ ᐋᓂᐊᓯᐅᑎᒥᑦ ᓄᑕᕋᖅ ᑲᐱᔭᐅᓚᐅᖅᑳᕋᓂ BCG–ᒥᑦ?

ᐋᓂᐊᓰᖅᑎᒋᔭᑦ ᐅᖃᐅᑎᓗᒍ ᕿᑐᖕᒐᑦ ᐅᑯᓂᖓ ᖃᓄᐃᓕᑳᓪᓚᒃᐸᑦ:

- ᐊᓇᐅᒪᐅᑎᑦᑎᐊᕇᙱᒃᑯᓂ, ᓲᕐᓗ:
  - ᐃᓅᓕᓴᕐᓗᓂ ᐊᒃᑐᖅᓯᓲᓂᑦ ᐊᓚᐅᒪᑦᑎᐊᕈᑎᓂᑦ
  - ᐊᓴᐱᒃᓴᖅᑲᕐᓗᓂ
  - ᐃᓅᓗᓂ ᐊᓴᐱᒃᓴᖅᑲᕐᓗᓂ ᖃᐅᔨᒪᔭᐅᙱᑦᑐᒥᓪᓗᓐᓃᑦ ᐊᓴᐱᓕᒃ ᐊᓈᓇᖓ
  - ᐃᓚᖕᒋᑦ ᐊᓇᐅᒪᐅᑎᕐᓗᒃᓗᑎᒃ
- TST–ᖃᕐᓗᓂ ᐳᕙᒃᓗᓪᓚᑦᑖᕐᓗᓂᓗ
- ᑎᒥᖓ ᐱᐅᒃᓴᙱᑦᑐᖅ ᑳᐳᑎᒥ ᐃᓚᖕᒋᓐᓂᓪᓗᓐᓂᑦ
- ᐆᓯᒪᓗᓂ ᐊᓯᖕᒋᓐᓂᓪᓗᓐᓂᑦ ᐅᕕᓂᕐᓗᒃᓗᓂ
- ᐃᕐᓂᐊᖅᑲᓚᐅᕐᑐᖅ ᐊᓇᐅᒪᓯᐅᑎᑐᕐᓗᓂ ᓇᔾᔨᓪᓗᓂ ᐊᒫᒪᒃᑎᑦᑎᑎᓪᓗᒍᓘᓐᓃᑦ

BCG ᐊᒻᒪᓗ ᐋᓇᐅᒪᔾᔪᑎᕐᓗᒻᒪᕆᒃᑐᑦ

ᐋᓇᐅᒪᔾᔪᑎᕐᓗᒻᒪᕆᒃᓂᖅ ᐃᓚᒋᔭᐅᕙᖅ ᓯᕗᓕᓂᖕᒫᖅᐸᒃᑐᓂᑦ ᐊᒃᑐᐃᓲᖅ ᑎᒥᐅᑉ ᐊᐃᑦᑐᕐᑕᐅᑦᑕᐃᓕᔾᔪᑎᖕᒋᓐᓂᑦ. ᓄᑕᕋᑦ ᐋᓇᐅᒪᔾᔪᑎᕐᓗᒃᑐᑦ ᐊᑦᑕᖕᓇᒻᒪᕆᒃᑐᑦ ᐊᐃᑦᑐᕐᑕᐅᔭᕆᐊᓴᖅ.

ᓱᓕᔪᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᑲᐱᔭᐅᓚᐅᕐᑎᓪᓗᒍ Bacille Calmette-Guérin (BCG) ᑭᖑᓂᐊᓂ

• ᐅᐊᓴᕐᐸᓘᒋᑦ ᓄᑕᕋᓛᕕᑦ ᑕᓕᖕᒋᑦ ᑕᐃᒫᑐᐃᓐᓇᖅ
• ᓂᓖᓇᕐᑐᒥᑦ ᖃᐅᓯᕈᔪᒃᑐᒥᑦ ᐊᓪᓚᕈᑎᓛᓕᕐᓗᒍ ᐳᕕᓐᓂᖕᒐ
• ᐊᒥᐊ ᒪᕿᒃᐸᕐ, ᒪᑐᓗᒍ ᐊᐅᒻᒥᑎᒧᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖃᓪᓗᓅᖅᑕᒧ ᐊᐃᑭᑦᑐᒧᑦ
• ᐃᒪᐃᓕᐅᖅᑕᐃᓕᒋᑦ:
    ○ ᐊᒃᓴᓕᒃᑕᐅᓕᓗᒍ ᑕᓕᐊ
    ○ ᐊᒥᕐᓗᒃᓯᐅᑎᓕᙱᓪᓗᒍ ᖃᓄᐃᑦᑐᓂᑦ
    ○ ᒪᑦᑐᑎᒃᓴᓕᕐᑕᐃᓕᓗᒍ ᐊᒥᕐᓗᐊ
    ○ ᖄᖓ ᐲᕐᑕᐅᓕᓗᒍ ᑯᒥᒃᑕᐃᓕᓗᒍᓘᓐᓅᑦ
• ᐃᓱᒫᓘᑎᕐᑲᕈᕕᑦ ᑲᐱᔭᐅᓚᐅᕐᑎᓪᓗᒍ ᖃᓄᐃᓕᕐᑎᓪᓗᒍ, ᐅᕐᑲᕐᑲᑎᕐᑲᕆᑦ ᐃᓗᐊᖅᓴᐃᔾᒥᑦ.

ᓄᑕᕋᓛᓕᒫᑦ ᓄᓇᕗᒻᒥᑦ ᖃᐅᔾᔭᖅᑕᐅᓲᑦ ᐊᓐᓇᐅᒪᔾᔪᑎᕐᓗᒋᐊᒃᓴᖏᓐᓂᑦ ᐃᓅᓵᕐᑎᓪᓗᒋᑦ.

BCG ᐆᒪᖓᒪᑦ ᑳᐳᑎ, ᓄᑕᕋᓛᓪᓗ ᐊᓐᓇᐅᒪᔾᔪᑎᕐᓗᒃᑐᒃ ᐱᔪᓐᓇᕋᑎᒃ ᐊᓐᓇᐅᒪᔾᔪᑎᖏᑦ ᐱᐅᓗᐊᙱᒻᒪᑕ. BCG–ᒧᑦ ᑲᐱᔭᐅᒃᐸᑦ ᓄᑕᕋᖅ ᐊᓐᓇᐅᒪᔾᔪᑎᕐᓗᒃᑐᒧᑦ, ᐊᐃᑦᑐᕐᑕᐅᒻᒪᕆᑐᐃᓐᓇᕆᐊᓕᒃ.

BCG–ᒧᑦ ᑲᐱᔭᐅᓲᑦ ᑕᖅᑭᕐᑲᓕᕐᑎᓪᓗᒍ, ᖃᐅᔨᐊᓂᒃᑎᓪᓗᓯ ᐋᓐᓂᐊᓯᐅᑎᓗ ᓄᑕᕋᓛᑉ ᖃᐅᔨᓴᖅᑕᐅᔾᔪᑖᓂᑦ ᐊᓐᓇᐅᒪᔾᔪᑎᕐᓗᖕᓛᖓᓐᓂᑦ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓇᖅᐸ BCG-ᒧᑦ ᑲᐱᔭᐅᙱᓪᓗᓂᑦ?

ᓄᑕᕋᐃᑦ ᐱᕐᑯᔭᐅᕗᖅ BCG ᑲᐹᒻᒥᑦ ᐊᑦᑕᖕᓇᖕᓂᖓᓄᑦ ᐋᓐᓂᐊᒻᒪᕆᓕᕋᔭᕆᐊᒃᓴᖓᓂᑦ ᐳᕙᓘᖕᒧᑦ. ᐳᕙᓗᖕᒧᑦ ᐊᐃᑦᑐᐃᓅᑦ ᐊᒥᓱᐊᓘᖓᒪᑕ ᓄᓇᕗᒻᒥᑦ ᐊᓯᖏᓐᓂᑦ ᑲᓇᑕᒥᕐ.

Changes to the timing of BCG Administration

What is the BCG vaccine?

The BCG is a vaccine that helps prevent infants and young children from getting very sick from tuberculosis (TB). It does not prevent all types, but it helps prevent serious illness from TB.

What is Tuberculosis?

TB is an infection that can cause coughing, fever, and difficulty breathing. It spreads through the air when a person coughs. TB is most often an infection of the lungs, but it can also affect other parts of the body.

Is the vaccine safe?

Yes. A normal reaction to the BCG vaccine is a small raised bump that can swell and leak fluid 2 – 4 weeks after the vaccine. This usually heals within 2 – 5 months and may leave a small scar. Rarely, a swollen lymph node (raised lump) in the armpit or above the collarbone may occur 2 – 4 months after the vaccine. This lymph node usually goes away on its own.

Very rare reactions can include an infection which is treatable or an anaphylactic (severe allergic) reaction. Anaphylaxis appears as hives, rash, swelling of the mouth, or difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving the test. **It is recommended you stay in the clinic for 15 minutes after getting the vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Why is the BCG now given at 1 month of age (instead of at birth)?

All infants in Nunavut are tested for certain genetic conditions at birth. One of these conditions is called Severe Combined Immunodeficiency (SCID), which affects the body's ability to fight off infections. Children born with SCID are at high risk of infection.

If BCG is given to a child with SCID, there is the potential for a severe infection. The BCG vaccine is now being given after you and your healthcare provider know the results of your baby's SCID test.

What is the risk of not getting the BCG vaccine?

Your child has been recommended to receive the BCG vaccine because of their risk of becoming seriously ill with TB. The rates of TB infection are much higher in Nunavut than in other regions in Canada.

Changements au calendrier de l’administration du BCG

Qu’est-ce que le vaccin BCG?

Le BCG est un vaccin qui permet d’éviter que les nourrissons et les jeunes enfants attrapent la tuberculose, qui les rendrait gravement malades. Il ne prévient pas tous les types de tuberculose, mais il empêche la tuberculose de les rendre gravement malades.

Qu’est-ce que la tuberculose?

La tuberculose est une infection qui peut provoquer de la toux, de la fièvre et des difficultés respiratoires. Elle se propage dans l’air lorsqu’une personne infectée tousse. La tuberculose se présente le plus souvent sous la forme d’une infection pulmonaire, mais elle peut également toucher d’autres parties du corps.

Le vaccin est-il sûr?

Oui. Le vaccin BCG provoque une réaction normale, une petite bosse qui peut gonfler et d’où s’écoule parfois un liquide, 2 à 4 semaines après le vaccin. Cette bosse guérit généralement en 2 à 5 mois, et peut laisser une petite cicatrice.

Dans de rares cas, un ganglion lymphatique gonflé (bosse à la surface de la peau) à l’aisselle ou au-dessus de la clavicule peut apparaitre 2 à 4 mois après le vaccin. Ce ganglion lymphatique disparait généralement de lui-même.

Parmi les réactions très rares, il arrive qu’une infection traitable ou une réaction anaphylactique (réaction allergique grave) se manifeste. Les symptômes de l’anaphylaxie sont l’urticaire, une éruption cutanée, un gonflement de la bouche ou des difficultés à respirer. Ce type de réaction se produit généralement dans les 15 minutes qui suivent l’administration du test. **Il est recommandé de rester à la clinique pendant 15 minutes après l’administration du vaccin.** L’anaphylaxie peut être traitée et votre prestataire de soins de santé a la formation pour le faire.

Pourquoi le BCG est-il désormais administré lorsque le bébé est âgé d’un mois plutôt qu’à sa naissance?

Au Nunavut, on teste tous les bébés à la naissance pour dépister certains problèmes de santé génétiques. L’un de ces problèmes de santé est l’immunodéficience combinée grave, qui affecte la capacité de l’organisme à combattre les infections. Les enfants nés avec une immunodéficience combinée grave courent un risque élevé d’infection.

L’administration du BCG à un enfant atteint d’immunodéficience combinée grave entraine un risque d’infection grave. Le vaccin BCG est désormais administré après que vous et votre prestataire de soins ayez pris connaissance des résultats du test d’immunodéficience combinée grave de bébé.

Quel est le risque de ne pas faire donner le vaccin BCG?

Il a été recommandé que votre enfant reçoive le vaccin BCG en raison du risque de maladie grave que présente la tuberculose. Les taux de tuberculose sont beaucoup plus élevés au Nunavut que dans les autres régions du Canada.

ᐊᓯᔾᔨᖅᑕᑦ ᐱᕕᒃᓴᖏᑦ BCG ᐱᓕᕆᐊᖑᕙᖕᓂᖏᑦ

ᑭᓲᖕᒪᑦ ᑲᐹᑎ BCG?

BCG ᑲᐹᑎ ᐃᑲᔪᖅᐸᒃᐳᖅ ᓄᑕᕋᓛᓂ ᓄᑕᕋᓂᒡᓗ ᖃᓂᒪᒃᑕᐃᓕᓪᓗᑎᒃ ᐳᕙᓗᖕᒥᑦ. ᓄᖅᑲᖅᑎᑦᑎᕙᙱᑦᑐᖅ ᖃᓄᐃᑦᑐᓕᒫᓂ ᐳᕙᒡᓗᖕᓂᖕᓂᑦ, ᐃᑲᔫᑎᕙᒃᑑᒐᓗᐊᖅ ᖃᓂᒪᓗᐊᖅᑕᐃᓕᓂᖕᓂᑦ ᐳᕙᒡᓗᖕᓂᑦ.

ᑭᓲᕙ ᐳᕙᒡᓗᖕᓇᖅᑐᖅ?

ᐳᕙᓘᖕᓂᖅ ᐊᐃᑦᑑᑕᐅᓲᖅ ᖁᐃᖅᓯᖅᓇᕐᓗᓂ, ᐆᓇᖕᓇᕐᓗᓂᓗ, ᐊᓂᖅᓵᖅᑐᑦᑎᐊᖕᓇᕋᓂᓗ. ᐊᐃᑦᑑᑕᐅᓲᖅ ᐊᓂᕐᑎᓐᓂᒃᑯᑦ ᐃᓄᒃ ᖁᐃᕐᓯᕌᖕᒐᒥ. ᐳᕙᒡᓗᖕᓂᑦ ᐊᐃᑦᑑᑕᐅᒐᔪᒃᐳᖅ ᐳᕙᖕᓄᑦ ᑭᓯᐊᓂᑦᑕᐅᖅ ᑎᒥᐅᑉ ᐊᓯᐊᒎᕈᓐᓇᖕᒥᔪᖅ.

ᑲᐱᔭᐅᓂᖅ ᐊᑦᑕᕐᓇᖏᓛ?

ᐄ. ᐊᑐᕐᑕᐅᒐᔪᒃᑐᖅ ᑲᐱᔭᐅᓚᐅᕐᑎᓪᓗᒋ BCG–ᒧᑦ ᖃᑦᑎᒃᓯᓕᐊᕐᔪᒃᓗᓂ ᐳᕕᓕᕈᓐᓇᖅᓗᓂ ᒪᕐᑭᓗᓂᓗ ᐃᓇᓯᐊᕈᓯᖕᓄᑦ 2 – 4 ᑲᐱᔭᐅᓚᐅᕐᑎᓪᓗᒍ. ᒪᒥᓲᖅ ᑕᖅᑭᑦ 2 – 5 ᒥᑭᑦᑐᒥᒡᓗ ᕿᓕᕈᖅᑲᑐᐃᓐᓇᓇᐊᖅᑲᖅᓗᓂ. ᐱᒐᔪᙱᑦᑑᒐᓗᐊᖅ, ᐳᕕᓕᕐᓗᓂ ᕿᓕᖅᓯᓇᖅ (ᐳᕕᑦᑐᖅ) ᐅᓂᐊᒍᑦ ᖁᑑᓪᓗᓐᓅᑦ ᖁᓛᒍᑦ ᑕᖅᑭᑦ 2 – 4 ᑲᐱᔭᐅᓚᐅᕐᑎᓪᓗᒍ. ᕿᓕᖅᓯᓇᖅ ᐃᒻᒥᓂᒃ ᓄᖑᓲᖑᒐᓗᐊᖅ.

ᐃᓛᓐᓂᒃᑯᓚᐅᓲᖕᒫᓗᒃ ᐊᐃᑦᑐᕐᑕᐅᔪᓐᓇᕐᑐᖅ ᐃᓅᓕᓴᒃᓴᐅᓪᓗᓂ ᐅᕝᕙᓘᓐᓃᑦ ᑎᒥᐊ ᓇᖅᑭᔭᖅᑲᒪᓈᓗᓂ. Anaphylaxis ᓴᖅᑭᓲᖅ ᐱᖑᔭᑦᑐᑎᑐᑦ, ᐊᒥᕐᓗᒃᓗᓂ, ᐳᕕᓪᓗᓂ ᖃᓂᖅ, ᐊᓂᖅᑎᓇᑦᑎᐊᕈᓐᓇᙱᓪᓗᓂ. ᑖᓐᓇ ᑕᐃᒪᐃᒐᔪᖅᑲᑦᑕᖅᐳᑦ 15 ᒥᓂᑦ ᑲᐱᔭᐅᔭᓐᓂᖅᓯᒪᓕᖅᑎᓪᓗᒍ. **ᐅᑕᖅᑭᖅᑯᔭᐅᖅᑲᑦᑕᖅᐳᑦ ᐋᓂᐊᕕᖕᒦᓚᐅᒃᓗᑎᑦ 15 ᒥᓂᑦ ᑭᓱᑐᐃᓐᓇᕐᒥᑦ ᑲᐱᔭᐅᔭᕌᖕᒐᕕᑦ.** ᑎᒥᒃᑯᑦ ᐱᐅᒃᓴᙱᕐᔪᐊᓂᑦ ᑲᒪᒋᔭᐅᔪᓐᓇᖅᑐᖅ ᐋᓂᐊᓯᐅᖅᑎᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓯᒪᔪᖅ ᖃᓄᖅ ᑲᒪᒋᔭᕆᐊᒃᓴᖕᒐᓂ.

ᖃᓄᐃᒻᒪᑦ ᑲᐱᓯᓲᖑᓕᖅᐸᑦ BCG ᒫᓐᓇ ᑕᖅᑭᖅᑐᐃᓐᓇᓕᖅᑎᓪᓗᒍ (ᐃᓅᓵᖅᑎᓪᓗᒎᙱᑦᑐᖅ)?

ᓄᑕᕋᓛᓕᒫᑦ ᓄᓇᕗᒻᒥᑦ ᖃᐅᔨᓴᖅᑕᐅᓲᑦ ᓯᕗᓕᒥᙳᒐᕐᑐᓂᑦ ᐃᓅᓵᖅᑎᓪᓗᒋᑦ. ᐊᓇᐅᒪᔾᔪᑎᕐᓗᒪᓇᒃᓂᖅ ᐃᓚᒋᔭᐅᕗᖅ ᓯᕗᓕᓂᖕᓂᖅᐸᒃᑐᓂᑦ ᐊᒃᑐᐃᓲᖅ ᑎᒥᐅᑉ ᐊᐃᑦᑐᖅᑕᐅᑦᑕᐃᓕᔾᔪᑎᖕᒋᓐᓂᑦ. ᓄᑕᑦ ᐊᓇᐅᒪᔾᔪᑎᕐᓗᒃᑐᑦ ᐊᑦᑕᖕᓇᒪᓇᒃᑐᑦ ᐊᐃᑦᑐᖅᑕᐅᔭᓇᐊᓴᖅ.

BCG–ᒧᑦ ᑲᐱᔭᐅᒃᐸᑦ ᓄᑕᕋᖅ ᐊᓇᐅᒪᔾᔪᑎᕐᓗᒃᑐᒧᑦ, ᐊᐃᑦᑐᖅᑕᐅᒻᒪᓇᑐᐃᓐᓇᓇᐊᓕᒃ. BCG–ᒧᑦ ᑲᐱᔭᐅᓲᑦ ᑕᖅᑭᖅᑲᓕᖅᑎᓪᓗᒍ, ᖃᐅᔨᐊᓂᒃᑎᓪᓗᓯ ᐋᓂᐊᓯᐅᑎᓗ ᓄᑕᕋᓛᑉ ᖃᐅᔨᓴᖅᑕᐅᔾᔭᑖᓂᑦ ᐊᓇᐅᒪᔾᔪᑎᕐᓗᙳᖏᓐᓂᑦ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓇᖅᐸ BCG-ᒧᑦ ᑲᐱᔭᐅᙱᑦᑐᓂᑦ?

ᓄᑕᕋᐃᑦ ᐱᖁᔭᐅᕗᖅ BCG ᑲᐹᒻᒥᑦ ᐊᑦᑕᖕᓇᖕᓂᖕᒐᓄᑦ ᐋᓂᐊᒻᒪᓕᕋᔭᓇᐊᓴᖕᒐᓂᑦ ᐳᕙᓘᖕᒧᑦ. ᐳᕙᓗᖕᒧᑦ ᐊᐃᑦᑐᐃᓃᑦ ᐊᒥᓯᐊᓘᖕᒪᑕ ᓄᓇᕗᒻᒥᑦ ᐊᓯᖏᓐᓂᑦ ᑲᓇᑕᒥᑦ.

Aallanguqtirningit pivikhanik BCG Tunidjuhikhanik

Hunauva hamna BCG kapuut havautit?

Tamna BCG kapuut havaut ikayuutikhat mirrait nutarannuallu mikait aannialaqikpiarnaittumik tiibiirnirmit (TB). Aannialaqittailitaungittuq tamainnik aallatqiiktunik, kihimik ikayuutauyuq aannialaqiryuaqtailiplugit tiibiirnirmit TB.

Hunauyuq Tiibiirniq?

TB tiibiirniq aanniarutauyuq imaatut ilivaktut qalakhurniq, kidjarniq, imaalu ayuqharnirmik aannikhaaktariamingnik. Hiamitiqpaktuq ikiakkut inuk qalakhurangat. TB tiibiirniq aanniarutauyuq puvvangni, kihimi aanniarutaulayuq ahiani ilanginnut timingnut.

Havautiqaqtuq kapuuti qayangnaitpa?

Iihi. Iidjuhirivaktat ilaani mihingnautingit taffumunga BCG kapuutimut imaatut mikiyumik puvvinninganik angiglivaktut ilaani imaalu maqiplutik 2 – 4 havainirni kappiyauvingmingnit. hamna mamitpaktuq imaatut 2 – 5 tatqiqhiutinni imaalu mikiyumik qilirungurlutik.
Ilaaniinnaq, puvvinnirmik (puvvihimaniq) unirni imaaluuniit haniani qutungni 2 – 4 tatqiqhiutini kapiyauvingnit. Hamna nauyiniq tamaakpaktuq inmigut.

Ilainainut immaktirningit nakuuhiyauttaaqtut imaaluunit aludjikpaktut anaphylactic (akhuuraaluk alludjikpiakhutik) idjuhiqaqtut mihingnautingit. Anaphylaxis naunaikpaktut kumilaqiplutik, puvittutik, amirliqhutik, pivittutik qanirmi, anirhaalimaikhutik ayuqhalikhutik. Hamna imaittuq mihingnautinga nihingnaqhiniaqtuq imaatut 15 minutesiit kapiyauguvit ihivriuqtauvingnit. **Pitquyauhimayuq utaqqiuqlutit 15 minitsinik munaqhitkunni quyanginnanik havautinik kapuqhiqtaunirnin.** Timimut qayangnaqpiaqtut (Anaphylaxis) ihuaqhaqtauyaaqtut munaqhitkunit ayuiqhayauhimayut havautikhanik.

Huuq una BCG tuniyauvaliqqa mirayannuaq imaatut 1 tatqiqhiunnikangat (aannilihaaqtitlugu)?

Tamaita mirrait nutarannuat Nunavunmi ihivriuqtauvaktut ilagiiktunut qanurinninginnik aanniviannit. Atauhiq pidjutauvaktuq taiyauvaktuq imaatut Severe Combined Immunodeficiency (SCID), pidjutiqaqtuq aanniaqtailitikhanik timimigut aanniarutinik. Nutaqqat inuuhimayut taffuminga Severe Combined Immunodeficiency (SCID) qayagiyauqpiaktut aanniarutinit.

Una BCG tuniyauhimakpat nutarannuamut piqaqtumik uuminga Severe Combined Immunodeficiency (SCID), akhuutak aannialaqiryuarnahuqqurnaqtuq. Tamna BCG kapuutikhaq tuniyauvaliqtuq ilvit munaqhillu ilitturiyaranamik ihivriuqtaudjutainnik nutarannuavit SCID ihivriuqtaudjutanik.

Hunauvat qayangnaqhidjutiuyaaqtut pingitpat BCG havautiqaqtunik kapuutinik?

Nuitarannuat pitquyauhimayuq kapiyauluni BCG kapuutinik hivuuranarnianik aannialaqiqpiarnahuqqurnarmat tiibiimik TB. Amigaitilaangit tiibiimut (TB) aanniarutinikpaktut angitqiyauyut Nunavunmi aallanit aviktuqhiumayuni Kanadami.

Bacille Calmette-Guérin (BCG) Vaccine Consent Form
Freeze – Dried Glutamate BCG Vaccine (Japan) for intradermal injection

House/Building #: _____
P.O. Box #: _____
Parent/Guardian Information: _____
Home Phone #: _____
Work Phone #: _____
Cell Phone / other: _____
Work/School: _____

Please fill in OR addressograph/affix label:
Last Name: _____
First Name: _____
Sex (M/F): _____
DOB (dd/mm/yyyy): _____
Chart #: _____
HCP #: _____
Community of Residence: _____

Please Answer:

1	Does the child have any medical condition that decreases their ability to fight off infections, or are they on any medications that suppress their immune system?	☐ Yes	☐ No
2	Is there anyone in the child's family who has Severe Combined Immunodeficiency (SCID)?	☐ Yes	☐ No
3	Is the birth mother of the child HIV+ or is the HIV status of mother unknown?	☐ Yes	☐ No
4	Is the child sick with a serious illness at this time?	☐ Yes	☐ No
5	Has the child been exposed to anyone who has active Tuberculosis or is the child on TB medications?	☐ Yes	☐ No
6	Is/was the birth mother on immune suppressing medications (such as infliximab or rituximab)	☐ Yes	☐ No

*** If **Yes** was answered to any of the above questions, the BCG vaccine **should not** be given at this time

The Japan BCG Laboratory vaccine is not licensed in Canada, but is approved for use in Canada under Health Canada's Special Access Programme and has been used in other parts of the world for 25 years.

CONSENT:
I have read or had explained to me the *Bacille Calmette-Guerin (BCG) Vaccine Fact Sheet* and have asked questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine.

I consent to receiving the BCG vaccine for: ☐ My Child or ☐ My Dependant/Ward

Print Name | Signature of Client or Parent/Legal Guardian *(if applicable)* | Date (dd/mm/yyyy)

INDICATIONS FOR TUBERCULIN SKIN TEST PRIOR TO BCG VACCINE – VACCINE ADMINISTRATOR TO COMPLETE TST IF APPLICABLE

Child's age	Tuberculin Skin Test Requirements
☐ < 2 months	TST is not necessary prior to BCG immunization
☐ 2 – 6 months	Administer a one-step TST before BCG vaccine if there is a high risk of prior TB exposure **OR** administer BCG vaccine without prior TST if the infant may not return after TST for BCG vaccine.
☐ > 6 months	TST is required prior to BCG immunization

TST required for this child? ☐ Yes - Continue to box below ☐ No - Continue to SCID newborn screening result

Date TST administered: _____ **Date TST read:** _____ **Result**_____**mm**

☐ TST Result < 5mm - BCG vaccine may be given ☐ TST Result ≥5mm – **DO NOT** give BCG vaccine and consult RCDC.

SEVERE COMBINED IMMUNODEFICIENCY (SCID) NEWBORN SCREENING

SCID Newborn Screening Result:
☐ **Negative** – BCG vaccine may be given ☐ **Positive** – **DO NOT** give BCG vaccine (contraindication)

Section below must be completed by vaccine administrator

Ampoule #_____ **BCG Lot #** **Diluent Lot #** **Given:** _____ **dd/mm/yyyy)** _____ **(Name and Designation)**

Formulaire de consentement à l'administration du vaccin contre le Bacille Calmette-Guérin (BCG)

Vaccin BCG séché à froid (Japon) pour injection intradermique

Nº de maison/édifice : _____

C.P. _____

Coordonnées du parent/tuteur : _____

Téléphone (rés.) : _____

Téléphone (tr.) : _____

Cellulaire/autre : _____

Travail/école : _____

Remplir ou apposer l'étiquette adressographe :
Nom de famille : _____
Prénom : _____
Sexe (M/F) : _____
Date de naissance (jj/mm/aaaa) :
_____
Nº dossier : _____
Nº assurance maladie :

Veuillez répondre :

1	L'enfant souffre-t-il d'une pathologie quelconque qui affecte sa capacité à combattre une infection, ou prend-il des médicaments suppresseurs du système immunitaire?	☐ Oui	☐ Non
2	Une personne de la famille souffre-t-elle d'immunodéficience combinée grave (ICG)?	☐ Oui	☐ Non
3	La mère naturelle de l'enfant est-elle atteinte du VIH ou son statut VIH est-il inconnu?	☐ Oui	☐ Non
4	L'enfant souffre-t-il d'une maladie grave en ce moment?	☐ Oui	☐ Non
5	L'enfant a-t-il été exposé à une tuberculose active ou prend-il des médicaments contre la tuberculose?	☐ Oui	☐ Non
6	La mère naturelle de l'enfant prenait-elle des médicaments suppresseurs du système immunitaire (infliximab or rituximab)?	☐ Oui	☐ Non

*** Si réponse « Oui » à l'une ou l'autre des questions ci-dessus, le vaccin BCG **ne doit pas être** donné à ce moment.

Le vaccin BCG produit par le laboratoire japonais n'est pas homologué au Canada, mais son utilisation est autorisée au Canada dans le cadre du Programme d'accès spécial de Santé Canada, et il est utilisé depuis plus de 25 ans ailleurs dans le monde.

Consentement :

J'ai lu, ou on m'a expliqué la fiche sur le vaccin contre le Bacille Calmette-Guérin (BCG) et on a répondu à mes questions de manière satisfaisante. Je comprends les risques et avantages du vaccin.

Je consens à l'administration du vaccin BCG pour : ☐ mon enfant ou ☐ la personne à charge/sous ma garde

Nom en lettres moulées Signature *du client/parent/tuteur légal (le cas échéant)* Date (jj/mm/aaaa)

INDICATIONS SUR LE TEST CUTANÉ À LA TUBERCULINE AVANT L'INJECTION DU VACCIN BCG – L'ADMINISTRATEUR DU VACCIN DOIT PROCÉDER AU TEST LE CAS ÉCHÉANT	
Âge de l'enfant	**Obligations relatives au test cutané à la tuberculine (TCT)**
☐ < 2 mois	TCT non nécessaire avant l'immunisation contre le BCG
☐ 2 à 6 mois	Administrer le TCT à étape unique avant l'administration du vaccin BCG s'il existe un risque d'exposition préalable à la tuberculose OU administrer le vaccin BCG sans TCT au cas où l'enfant pourrait ne pas revenir prendre le vaccin BCG après l'administration du TCT.
☐ > 6 mois	Le TCT est requis avant l'administration du vaccin BCG

TCT nécessaire pour cet enfant? ☐ Oui – passer à la case inférieure ☐ Non - consulter le résultat du test de dépistage ICG

Date d'administration du TCT : _____ **Date de résultat du TCT :** _____ **Résultat** _____**mm**

☐ Résultat TCT < 5mm - vaccin BCG peut être donné ☐ Résultat TCT ≥ 5mm – **NE PAS** donner le vaccin BCG et consulter le RCDC.

DÉPISTAGE D'IMMUNODÉFICIENCE COMBINÉE GRAVE (ICG) CHEZ LE NOURRISSON

Résultat du test d'ICG :

☐ **Négatif** – vaccin BCG peut être donné ☐ **Positif** – **NE PAS** donner le vaccin BCG (contrindication)

La section ci-après doit être remplie par l'administrateur du vaccin

Nº d'ampoule_____ **Nº de lot de BCG** **Administré :**_____

_____

Nº de lot de diluant (jj/mm/aaaa) **(Nom et désignation)**

Bacille Calmette-Guérin (BCG) ᑲᐱᔭᐅᓂᖕᒧᑦ ᐊᖏᕈᑎ
ᖁᐊᖅᓯᒪᔪᑦ – ᐸᓂᖅᑎᓯᒪᔪᑦ Glutamate BCG ᑳᐳᑎᑦ (ᔭᐹᓐ) ᑲᐱᓯᓂᖕᒧᑦ

ᐃᓐᓄ/ᐃᓐᓄᖅᔪᐊᑉ ᓇᐃᓴᐅᑖ: ____________________

ᑎᑎᖅᑲᒃᑯᕕᐊ ᓇᐃᓴᐅᑖ: ____________________

ᐊᖓᔪᖅᑳᖅ/ᑲᒪᔨᐅᔫᑉ ᒥᒃᓵᓄᑦ ᑎᑎᕋᖅᑐᒥᑦ:

ᐊᖏᖅᑲᖓᑕ ᐅᖃᓚᐅᑖ: ____________________

ᐃᖅᑲᓇᐃᔭᕝᕕᖓᑕ ᐅᖃᓚᐃᑖ: ____________________

ᐅᖃᓘᑎᐊᓖᖓ/ᐊᓯᖓ: ____________ ____________

____

ᐃᖅᑲᓇᐃᔭᕝᕕᐊ/ᐃᓕᓐᓂᐊᕝᕕᐊ: ____________________

ᑎᑎᕋᖅᑐᒥᑦ ᐅᓪᓗᖓᓂᑦ
ᑎᑎᕋᖅᓯᒪᓪᓗᕆᖅᑐᓂᑦ/ᓂᐱᑦᑕᐅᑎᓕᖅᑐᒍ ᐊᑎᓕᖓᒥᑦ:
ᐊᑎᕈᓯᐊ: ____________________
ᐊᑎᖓ: ____________________
ᑭᓱᓂᖓ (ᐊᖑᓐ/ᐊᕐᓇᖅ):
____
ᐃᓅᕝᕕᐊ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍ):

ᑭᐅᒃᑭᑦ ᐅᑯᐊ:

1	ᓄᑕᕋᖅ ᐋᓐᓂᐊᕈᑎᖃᖅᐸ ᐊᓐᓇᐅᒪᔪᓐᓇᐅᑎᐊ ᐊᐃᑦᑐᖅᑕᐅᓯᕋᐃᓪᓗᓂ, ᐅᕝᕙᓗᓐᓃᑦ ᐃᓅᓕᓴᐅᑎᑐᖅᐸᑦ ᐊᒃᐸᓯᓐᓇᖅᑐᒥᑦ ᑎᒥᐅᑉ ᓴᓘᑕᕐᒥᓐᓂᑦ?	☐ ᐄ	☐ ᐋᒃᑲ
2	ᑭᓇᑐᐃᓐᓇᖅ ᓄᑕᕋᐅᑉ ᐃᓚᖓᓂᑦ ᑎᒥᒧ ᓴᓘᑐᕆᑦᑐᓪᓚᕆᒃᑐᖅᑲᖅᐸ?	☐ ᐄ	☐ ᐋᒃᑲ
3	ᐃᓂᓚᐅᖅᑐᖅ ᓄᑕᕋᒥ ᐊᓯᐱᒃᓴᖅᑲᖅᐸ+ ᐅᕝᕙᓘᓐᓃᑦ ᖃᓄᐃᓐᓂᖓᑕ ᐊᓯᐱᒃᓱᑦ ᐊᕼᓇᖓ ᓇᓗᔭᐅᕙ?	☐ ᐄ	☐ ᐋᒃᑲ
4	ᓄᑕᕋᖅ ᖃᓂᒪᓯᖅᑲᒪᕆᒃᐸ ᒫᓇ?	☐ ᐄ	☐ ᐋᒃᑲ
5	ᓄᑕᕋᖅ ᐅᐸᒃᓯᒪᓂᑯᕙ ᐳᕝᕙᒃᑐᒃᑐᒥᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓄᑕᕋᖅ ᐳᕝᕙᒃᑐᒃᓯᐅᑎᑐᖅᐸ?	☐ ᐄ	☐ ᐋᒃᑲ
6	ᐃᓂᓚᐅᖅᑐᖅ ᑎᒥᒧᑦ ᓴᐳᒻᒥᔾᔪᑎᓄ ᐊᒃᐸᓯᓐᓇᖅᑐᖅᑐᖅᐸ (ᓲᖅᑐ infliximab ᐅᕝᕙᓘᓐᓃᑦ rituximab)	☐ ᐄ	☐ ᐋᒃᑲ

*** **ᐊᖏᖅᐸᑦ** ᓇᓕᐊᓐᓄᑐᐃᓐᓇᖅ ᖁᑏᓂ ᐊᐱᖅᑯᑎᓄᑦ, BCG–ᒧᑦ ᑲᐱᔭᐅᔭ**ᕆᐊᖅᑲᙱᓚᖅ** ᒫᓇᐅᔪᖅ

ᔭᐹᓐ BCG ᖃᐅᔨᓴᖅᕕᐊᑕ ᑳᐳᑖ ᐱᔪᓐᓇᐅᑎᖃᙱᓪᓚᑦ ᑲᓇᑕᒥᑦ, ᑭᓯᐊᓂᓕ ᐊᖏᖅᑕᐅᓯᒪᔪᑦ ᐊᑐᖅᑕᐅᓂᐊᖅᑐᓂ ᑲᓇᑕᒥᑦ ᑲᓇᑕᒥᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔾᔪᑎᑦ ᐊᔾᔨᐅᙱᑦᑐᓂᑦ ᐱᔪᓐᓇᕐᓂᖏᑦ ᐱᓕᕆᐊᑎᒍᑦ ᐊᑐᖅᑕᐅᓯᒪᓕᖅᑐᓂᒃ ᓄᓇᖅᔪᐊᑉ ᐃᓚᖏᓐᓂ ᐊᕐᕌᒍᓄᑦ 25–ᓄᑦ.

<u>ᐊᖏᕐᓂᖅ</u>

ᐅᖃᓚᒫᓵᖅᐸᖅ ᓇᓗᓇᐃᔭᖅᑕᐅᓪᓗᓂᓗᓐᓃᑦ ᐅᕙᓐᓄᑦ *Bacille Calmette-Guerin (BCG) ᑳᐳᑎᒧᑦ ᓯᓚᔪᓂᑦ ᑎᑎᖅᑲᐃᑦ ᐊᐱᖅᑯᑎᒃᑲᓗ* ᑭᐅᔭᐅᓪᓗᑎᒃ ᓈᒻᒪᒋᔭᓐᓂᑦ. ᑐᑭᓯᕗᖓ ᐋᖁᑎᖏᓐᓂᑦ ᐊᑦᑕᕐᓇᐅᑎᖏᓐᓂᓪᓗ ᑳᐳᑎᐅᑉ.

ᐊᖏᖅᐳᖓ ᑲᐱᔭᐅᓂᐊᖅᑐᓂ BCG–ᒥᑦ ᐆᒧᖓ: ☐ ᖃᑐᙵᖓ ᐅᕝᕙᓘᓐᓃᑦ ☐ ᐸᖅᑭᔭᖓ

ᑎᑎᖅᑐᒍ ᐊᑎᖓ ᐊᖓᔪᖅᑳᖓᔭᐅᔪᓐᓃᑦ/ᒪᓕᒐᑎᒍᑦ ᐸᖅᑭᔮᐅᔪᖅ (ᐊᑐᖅᐸᑦ)	ᐊᑎᓕᐅᕈᓯᐊ ᐃᓅᑉ ᐅᕝᕙᓘᓐᓃᑦ	ᐅᓪᓗᖓ (ᐅᓪᓗᖅ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍᖓ)

ᓇᓗᓇᐃᔭᐅᑎᑦ ᐳᕚᓪᓗᖕᒧᑦ ᐅᕝᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᓂᖅ ᑲᐱᔭᐅᓚᐅᖅᑳᕐᓂ BCG–ᒧᑦ – ᑳᐳᑎᓕᕆᔩ ᑎᑎᕋᕐᓗᓂᐅᒃ ᐳᕚᓘᖕᒧᑦ ᐅᕝᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᕆᑎᐊ ᐊᑐᕐᐸᑦ	
ᓄᑕᕋᐅᑉ ᐅᑭᐅᖓ	ᐳᕚᓪᓗᖕᒪᖕᖠᑦ ᐅᕝᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᓄᑦ ᐊᑐᕐᑕᐅᔭᕆᐊᓕᑦ
☐ ᑕᖅᑭᓕᑦ <2-ᓄᑦ	ᐅᕝᕙᓂᖓᒍᑦ ᖃᐅᔨᓴᖅᑕᐅᒋᐊᑐᙱᑦᑐᖅ BCG–ᒧᑦ ᑲᐱᔭᐅᓚᐅᖅᑳᕐᓂ
☐ 2 – 6 ᑕᖅᑭᓕᑦ	ᐊᑕᐅᓯᐊᕐᓗᒍ ᐅᕝᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᕐᓗᒍ ᑲᐱᔭᐅᓚᐅᖅᑳᕐᓂ BCG–ᒧᑦ ᐊᑦᑕᖕᓇᓗᐊᕆᓂᑦ ᓯᕗᓂᐊᓂ ᐳᕚᓪᓗᒃᑐᒥᓚᐅᕐᓯᒪᒍᓂ **ᐅᕙᓘᓐᓃᑦ** ᑲᐱᔭᐅᓗᓂ BCG–ᒧᑦ ᐅᕝᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᖅᑳᕐᓂ ᓄᑕᕋᙵᖅ ᐅᑎᕋᔾᙳᕐᐸᑦ ᐅᕝᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᕐᓗᓂ BCG–ᒧᑦ ᑲᐱᔭᐅᓂᐊᕐᓗᓂ.
☐ > 6 ᑕᖅᑭᓕᑦ	ᐅᕝᕙᓂᖓᒍᑦ ᖃᐅᔨᓴᖅᑕᐅᒋᐊᓕᒃ BCG–ᒧᑦ ᑲᐱᔭᐅᓚᐅᖅᑳᕐᓂ

ᐅᕝᕙᓂᖓᒍᑦ ᖃᐅᔨᓴᖅᑕᐅᔭᕆᐊᖃᖅᐸ ᐆᒧᖓ ᓄᑕᕋᖕᒧᑦ? ☐ ᐄ - ᑲᔪᓯᓗᑎᑦ ᐅᓄᖓᒪw ☐ ᐋᒃᑲ - ᑲᔪᓯᓗᑎᑦ ᑎᒥᒧ ᓴᐳᓗᑕᕐᓗᒻᒪᕆᒃᑐᖃᖅᐸ ᐃᓅᓯᒧᑦ ᖃᐅᔨᓴᕆᑎᕙᓂᖕᒧᑦ

ᐅᓪᓗᖓ ᐅᕝᕙᓂᒃᑯᑦ ᑲᐱᔭᖅ: ________________ ᑕᒃᔭᑦ ᐅᕝᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᕆᑖ: __________________ ᖃᓄᐃᓕᖓᓂᖓ_________mm

☐ ᐅᕝᕙᓂᒃᑯᑦ ᑲᐱᔭᓄᑦ < 5mm - BCG–ᒧᑦ ᑲᐱᔭᐅᔪᓐᓇᑐᐃᓐᓇᕆᐊᓕᒃ ☐ ᐅᕝᕙᓂᒃᑯᑦ ᑲᐱᔭᓄᑦ ≥5mm – **ᑲᐱᔭᐅᙱᓪᓗᓂ** BCG–ᒧᑦ ᐅᕐᑲᕐᑲᑎᖃᕐᓗᓂᓗ RCDC.

ᑎᒥᒧᑦ ᓴᐳᓗᑕᕐᓗᒻᒪᕆᖕᓂᖕᒧᑦ ᐃᓅᓯᒧᑦ ᖃᐅᔨᓴᕐᓂᖅ

ᑎᒥᒧᑦ ᓴᐳᓗᑕᕐᓗᒻᒪᕆᖕᓂᖕᒧᑦ ᐃᓅᓯᒧᑦ ᖃᐅᔨᓴᕆᑖ:

☐ ᐱᑕᕐᑲᙱᑦᑐᖅ – BCG–ᒧᑦ ᑲᐱᔭᐅᑐᐃᓐᓇᕆᐊᓕᒃ ☐ ᐱᑕᓕᒃ – ᑲᐱᔭᐅᑦᑕᐃᓕᓕ BCG–ᒧᑦ (ᐊᓐᓂᐊᒧᑦ ᐱᕝᕙᑖ ᐃᓅᓕᓴᖅᑕᐅᔭᕆᐊᖃᙱᑦᑐᖅ)

ᐅᖕᓇ ᑎᑎᕋᖅᑕᐅᔭᕆᐊᖃᖅᑐᖅ ᑲᐱᓯᔨᐅᔪᒧᑦ

Ampoule #__________ BCG Lot # ᑲᐱᔭᖅ: ____________

____

Diluent Lot # ᐅᓪᓗ/ᑕᖅᑭᖅ/ᐊᕐᕌᒍᐊ) (ᐊᑎᖓ ᑎᓕᔭᐅᓯᒪᓂᖓᓗ)

Bacille Calmette-Guérin-guyuq (BCG) Kapitiriami Agirut Titiraakhaq
Freeze – Dried Glutamate-guyuq BCG-mik Havaut (Japan) uviniup ilunuagagut kapitirut

Iglu/Ikluqpak #: _____

Titiraqarvinga #: _____

An'ngayuqqaaq/Munaqtigiyauyuq Naunairutikhangit: _____

Aimaviat Hivayautip #: _____

Havagvingmi Hivajaut #: _____

Hivayautaa Tigumiaq / aallanik: _____

Havaakhat/Iliharvik: _____

Titirajavat UVALUNIIT turaaqtaqvikmik/ililugu titiraq:
Kinguliq Atia: _____
Hivulliq Atia: _____
Aqnaunia Angutaunia (Angut/Arnaq): _____
Annivia (DD/MM/YYYY): _____
Ilituqhautip Napaa: _____
HCP-m Napaa: _____
Nunagiyauyuq: _____

Kulajavatin:

1	Nutaraq hunamikliqaa aaniarutiqaqa mikhivaalirutimik agiraqturiagani aaniarutit, uvaluniit havautituqat nuutqarutauyumik aaniagitaagani ihuaqutainik?	☐ Hii	☐ Imannaq
2	Kinamikliqaa nutaqap qatangutaini Igataumayumik Ayuqhautiqaqa Akiraqturiagani Aaniarutmik (SCID)?	☐ Hii	☐ Imannaq
3	Nutaqiuqtuq maamauyuq nutaqamit HIV-qaqa HIV-qaqniganikluniit amaamauyuq qauyimayaugitpa?	☐ Hii	☐ Imannaq
4	Nutaraq qayaknaqtumik aaniarutiqaqa taja?	☐ Hii	☐ Imannaq
5	Nutaraq manimihimava kinamuliqaa TB-qaqtumik nutaraqluniit TB-qaqniqmik havautituqa?	☐ Hii	☐ Imannaq
6	Nutaqiuqhimayut amamauyuq aaniagitaagani nuutqaqtitijunmik havautinik (infliximab-mik rituximab-mikluniit)?	☐ Hii	☐ Imannaq

***Agiruvit** kiujutikni kitunikliqaa quuliuyuni apiqutauyuni, BCG-mik havaut **tuniyakhaugituq** taja

Japan BCG-mik Ilituqhaivikmi havaut aturiagani laisiqagituq Kanatami, kihiani agiqtauhimayut atuqniganik Kanatami ilagani Aaniaqtailinikut Kanatami Naunaitumi Atuqnigagut Havaami atuqtauhimayuqlu ahiini nunagiyauyuni hilaqyuami 25-ni ukiuni.

ANGGIRUT:
Taiguaqhimayara uqatiaqtauvluniluniit uvamnut una *Bacille Calmette-Guerin-mik (BCG) Havaunmik Naunairiagani Makpiraami* apiqhuihimavilu kiuyauhimayunik naamagiyamnik. Kagiqhimayatka nakurutaunigit ihumaluknaqnigilu havautit.

Agiqtuga aturiagani BCG-mik havaut uumani atuqtukhami: ☐ Nutarariyaga uvaluniit ☐ Munaqtiga/Munaqtit

Titiratiaqlugu Atiriya | Sainiutaa Kivgaqtugap Agayuqaavluniit / Maligatigut Munaqtitp *(atulaaqniqat)* | Ublua (dd/mm/yyyy)

ILITURIJUTIT TB-QAQMAGAA UVINIKMI ILITUQHAUT HIVUANI BCG-MIK HAVAUTITURIAQNIGANI - HAVAUTINIK MUNAQHIP INIQTIGAKHAA TST-MIK ATURIAQAQNIQAT

Nutaqaap ukiuga	**TB-qaqmagaa Uviniup Iluagut Kapluut Aturiaqaqnigit**
☐ < malruukni tatqiqhiutikni	TST-mik aturiaqagituq hivuani BCG-mik aaniaqtailijutimik
☐ malruuknit siksinut tatqiqhiutini	Pipkaklugu atauhiqmik pigiarunmik TST-mik hivuani BCG-mik havaunmik aturiaqnigani agiyumik ihumaluknaqniqaqat hivuani TB-mit aaniarutiqaliriagani **UUVALUNIIT** pipkaklugu BCG-mik havaunmik hivuani TST-mik atuqtinagu nutaraq utilimainiqaat kiguani TST-mit BCG-mik havaunmik
☐ > siksini tatqiqhiutini	TST-guyuq aturiaqaqtut hivuani BCG-mik havautituqtinagu

TST-guyuq aturiaqaqtuq uumanga nutaqamit? ☐ Iya - Nuugiaqlutit qiyqunmut aaliuyumut ☐ Imanaq - Nuugiaqlutit SCID-mik nutaranuaq ilituqhaqnigagut qaniriniganik

Ublua TST-mik tuniyauniganik: _____ **Ublua-ga taiguqtauniganik:** _____ **Qanuriniga**_____**mm-nik**

☐ TST-mi Qanuriliniga < 5mm - BCG-mik havaut tuniyaulaaqtuq ☐ TST-mi Qanuriliniga ≥ 5mm – **TUNIHITAILUTIT** BCG-mik havaunmik uqaqvigilugulu RCDC-guyuq.

IGATAUMAYUQ ATAUTIMI AANIAQTAILIJUTIQATIAGINIGA (SCID) NUTRAHAANUAQ ILITUQHAQTAUNIGANI

SCID-mik Nutarahaanuaq Ilituqhaqnigagut Qanuriniga:
☐ **Piqagituq** -BCG-mik havaunmik tuniyaulaaqtuq ☐ **Piqaqtuq**– **TUNITAILUGU** BCG-mik havaunmik (atuqtailijutit)

Uigua aaliuyuq iniqtigakhaa havaunmik atuqtitiyip

Navitariipkutip napaa _____ **BCG-nik Atautimiitut napaa Avukhap Ataumiitut napaa** **Tuniyauniga:** _____ **ublua/tatqiqhiuq/ukiugani** _____ **(Atia Havaariyailu)**

BCG Vaccine Reporting Form

Please complete <u>one form per ampoule</u> of Freeze Dried Glutamate BCG vaccine (Japan) used.
All doses must be accounted for under the Special Access Program

Health Center: _____

Contact Person: _____

Telephone: _____

Fax:

_____

Fax Form to your Regional Communicable Disease Coordinator:
For Kitikmeot region: 867-983-4088
For Kivalliq region: 867-645-2409
For Qikiqtaaluq region: 867-975-4833
Date Faxed to RCDC_____
(dd/mm/yyyy)

Keep Copy on File

Ampoule # _____ **BCG Lot #** **Diluent Lot #**

Date of immunization: _____
(dd/mm/yyyy)

	HCP # OR Chart #	Surname	Given Name	DOB (dd/mm/yyyy)	Sex	Community
1					M / F	
2					M / F	
3					M / F	
4					M / F	
5					M / F	
6					M / F	
7					M / F	
8					M / F	
9					M / F	
10					M / F	

Please note: Unused vaccine must be discarded after 6 hours.

Number of doses (0.05 mL) wasted for this ampoule: _____
*If more than 10 doses administered from1 vial – complete additional form.

Immunization Protocol for Quadracel®

Diphtheria-Tetanus-Acellular Pertussis-Polio (DTaP-IPV)

Purpose	To provide information and guidance for DTaP-IPV immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the diseases and potential health complications of diphtheria, tetanus, pertussis, and polio.
Indication	Nunavut's publicly funded DTaP-IPV preschool vaccine is offered routinely to all children aged 4 to 6 years in Nunavut.
Eligibility	Children between 4 to 6 years of age, who have completed their primary series of immunization against tetanus, diphtheria, acellular pertussis, polio, and haemophilus influenza type b (Pediacel or Infanrix-IPV-Hib). The primary series consists of 4 doses given routinely at 2, 4, 6, and 18 months of age. If the child is incompletely immunized, please refer to the Catch-up Immunization Schedule and/or discuss with regional CDC.
Product	Quadracel®
Vaccine Type	Inactivated vaccine
Vaccine components	Diphtheria toxoid, tetanus toxoid, acellular pertussis (pertussis toxoid, filamentous haemagglutinin, pertactin, fimbriae types 2 and 3), inactivated poliomyelitis vaccine. Sodium chloride, aluminum salts, Medium 199 (as stabilizer including amino acids, mineral salts and vitamins), water for injections and trace amounts of neomycin and polymixin.
Formats available	1 single dose of 0.5 mL suspension in sterile vial (latex free).
Manufacturer	Sanofi Pasteur Limited
Administration	Intramuscular (IM) injection in the deltoid muscle. The vaccine **should not** be administered into the buttocks. Gently shake the vial well until a uniform, cloudy, suspension results
Dose Series	1 dose of 0.5 mL given routinely between 4 to 6 years of age (preschool dose).
Booster Dose	A booster dose of vaccine containing Tetanus, Diphtheria, and Acellular Pertussis (Adacel or Boostrix) is also recommended between 14 to 16 years of age (grade 9). See Adacel and Boostrix protocols for further details.
Vaccine interchangeability	In Nunavut, the preschool dose can be given by either Boostrix®-Polio, Adacel®-Polio, Quadracel®, or Infanrix®-IPV. See specific protocols for guidelines.
Contraindications	• A history of anaphylaxis after previous administration of the vaccine or another vaccine containing one or more of the same components. • A proven history of immediate or anaphylactic hypersensitivity to any component of the vaccine or its container. • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine that is not attributable to another identifiable cause. • Previous experience of transient thrombocytopenia or neurological complications following an earlier immunization against diphtheria and/or tetanus.
Precautions and Additional Notes	Vaccination should be delayed in those children with a severe acute febrile illness. Mild illness, such as a cold or a low-grade fever, is not a reason to delay immunization. If any of the following events occur within the specified period after administration of

	pertussis containing vaccine, future doses given should be based on careful consideration of potential benefits and possible risks. • Temperature of ≥40.5°C (105°F) within 48 hours, not attributable to another identifiable cause. • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days. Persons who have had natural pertussis infection should continue to receive pertussis-containing vaccines.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Common side effects are local pain, redness and swelling, fatigue and headache. Less common side effects are injection site reactions (warmth, itching, bruising), fever, gastro-intestinal symptoms (loss of appetite, stomach pain, feeling sick, vomiting), drowsiness, irritability, dizziness, joint pain and muscle stiffness. The following reportable reactions may occur rarely following the receipt of vaccines containing pertussis: • Temperature of ≥40.5°C (105°F) within 48 hours • Collapse or shock-like state (hypotonic-hypo responsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal

	immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Tetanus, Diphtheria, Pertussis, and Polio Vaccine Fact Sheet
References	1. Quadracel® Product Monograph. Sanofi Pasteur Limited. August 2011. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for Infanrix®-Polio

Diphtheria-Tetanus-Acellular Pertussis-Polio (DTaP-IPV)

Purpose	To provide information and guidance for DTaP-IPV immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the diseases and potential health complications of diphtheria, tetanus, pertussis, and polio.
Indication	Nunavut's publicly funded DTaP-IPV preschool vaccine is offered routinely to all children aged 4 to 6 years in Nunavut.
Eligibility	Children between 4 to 6 years of age, who have completed their primary series of immunization against tetanus, diphtheria, acellular pertussis, polio, and haemophilus influenza type b (Pediacel or Infanrix-IPV-Hib). The primary series consists of 4 doses given routinely at 2, 4, 6, and 18 months of age. If the child is incompletely immunized, please refer to the Catch-up Immunization Schedule and/or discuss with regional CDC.
Product	Infanrix®-Polio
Vaccine Type	Inactivated vaccine
Vaccine components	Adsorbed tetanus toxoid, diphtheria toxoid, pertussis toxoid, filamentous haemagglutinin, pertactin adsorbed onto aluminum hydroxide, and poliovirus antigens. Sodium chloride, aluminum salts, Medium 199 (as stabilizer including amino acids, mineral salts and vitamins), water for injections and trace amounts of neomycin and polymixin.
Formats available	1 single dose 0.5 mL of a white opalescent suspension in a prefilled syringe. During storage white sediment with a clear supernatant may be observed.
Manufacturer	GlaxoSmithKline Inc.
Administration	Intramuscular (IM) injection in the deltoid muscle. The vaccine **should not** be administered into the buttocks. Gently shake the vial well until a uniform, cloudy, suspension results
Dose Series	1 dose of 0.5 mL given routinely between 4 to 6 years of age (preschool dose).
Booster Dose	A booster dose of vaccine containing Tetanus, Diphtheria, and Acellular Pertussis (Adacel or Boostrix) is also recommended between 14 to 16 years of age (grade 9). See Adacel and Boostrix protocols for further details.
Vaccine interchangeability	In Nunavut, the preschool dose can be given by either Boostrix®-Polio, Adacel®-Polio, Quadracel®, or Infanrix®-IPV. See specific protocols for guidelines.
Contraindications	• A history of anaphylaxis after previous administration of the vaccine or another vaccine containing one or more of the same components. • A proven history of immediate or anaphylactic hypersensitivity to any component of the vaccine or its container. • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine that is not attributable to another identifiable cause. • Previous experience of transient thrombocytopenia or neurological complications following an earlier immunization against diphtheria and/or tetanus.
Precautions and Additional Notes	Vaccination should be delayed in those children with a severe acute febrile illness. Mild illness, such as a cold or a low-grade fever, is not a reason to delay immunization.

	If any of the following events occur within the specified period after administration of pertussis containing vaccine, future doses given should be based on careful consideration of potential benefits and possible risks. • Temperature of ≥40.5°C (105°F) within 48 hours, not attributable to another identifiable cause. • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days. Persons who have had natural pertussis infection should continue to receive pertussis-containing vaccines.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Common side effects are local pain, redness and swelling, fatigue and headache. Less common side effects are injection site reactions (warmth, itching, bruising), fever, gastro-intestinal symptoms (loss of appetite, stomach pain, feeling sick, vomiting), drowsiness, irritability, dizziness, joint pain and muscle stiffness. The following reportable reactions may occur rarely following the receipt of vaccines containing pertussis: • Temperature of ≥40.5°C (105°F) within 48 hours • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and	Under development.

Reporting	
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Tetanus, Diphtheria, Pertussis, and Polio Vaccine Fact Sheet
References	1. Infanrix®-Polio Product Monograph. GlaxoSmithKline Inc. July 12, 2011. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for Adacel®-Polio

Tetanus-Diphtheria-Acellular Pertussis-Polio (Tdap-IPV)

Purpose	To provide information and guidance for Tdap-IPV immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the diseases and potential health complications of diphtheria, tetanus, pertussis, and polio.
Indication	Nunavut's publicly funded Tdap-IPV preschool vaccine is offered routinely to all children aged 4 to 6 years in Nunavut.
Eligibility	Children between 4 to 6 years of age, who have completed their primary series of immunization against tetanus, diphtheria, acellular pertussis, polio, and haemophilus influenza type b (Pediacel or Infanrix-IPV-Hib). The primary series consists of 4 doses given routinely at 2, 4, 6, and 18 months of age. If the child is incompletely immunized, please refer to the Catch-up Immunization Schedule and/or discuss with regional CDC.
Product	Adacel®-Polio
Vaccine Type	Inactivated vaccine
Vaccine components	Tetanus toxoid, reduced diphtheria toxoid, acellular pertussis antigens, inactivated poliomyelitis vaccine. Aluminum Phosphate, 2-phenoxyethanol, Polysorbate 80 Bovine serum albumin, neomycin, polymyxin B, streptomycin, formaldehyde and glutaraldehyde (in trace amounts)
Formats available	1 single dose 0.5 mL of a uniform, cloudy white suspension in a vial or a prefilled syringe (latex free).
Manufacturer	Sanofi Pasteur Limited
Administration	Intramuscular (IM) injection in the deltoid muscle. The vaccine **should not** be administered into the buttocks. Gently shake the vial well until a uniform, cloudy, suspension results
Dose Series	1 dose of 0.5 mL given routinely between 4 to 6 years of age (preschool dose).
Booster Dose	A booster dose of vaccine containing Tetanus, Diphtheria, and Acellular Pertussis (Adacel or Boostrix) is also recommended between 14 to 16 years of age (grade 9). See Adacel and Boostrix protocols for further details.
Vaccine interchangeability	In Nunavut, the preschool dose can be given by either Boostrix®-Polio, Adacel®-Polio, Quadracel®, or Infanrix®-IPV. See specific protocols for guidelines.
Contraindications	• A history of anaphylaxis after previous administration of the vaccine or another vaccine containing one or more of the same components. • A proven history of immediate or anaphylactic hypersensitivity to any component of the vaccine or its container. • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine that is not attributable to another identifiable cause. • Previous experience of transient thrombocytopenia or neurological complications

	following an earlier immunization against diphtheria and/or tetanus.
Precautions and Additional Notes	Vaccination should be delayed in those children with a severe acute febrile illness. Mild illness, such as a cold or a low-grade fever, is not a reason to delay immunization. If any of the following events occur within the specified period after administration of pertussis containing vaccine, future doses given should be based on careful consideration of potential benefits and possible risks. • Temperature of ≥40.5°C (105°F) within 48 hours, not attributable to another identifiable cause. • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days. Persons who have had natural pertussis infection should continue to receive pertussis-containing vaccines.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Common side effects include injection-site pain, erythema, and swelling. Other common reactions include fever, increased irritability, and joint paint. These side effects are usually mild and last no more than 3 to 4 days. Severe reactions, such as high fever, swelling and redness of the entire arm or leg, or a serious allergic reaction are very rare. The following reportable reactions may occur rarely following the receipt of vaccines containing pertussis: • Temperature of ≥40.5°C (105°F) within 48 hours • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below:

	Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Tetanus, Diphtheria, Pertussis, and Polio Vaccine Fact Sheet
References	1. Adacel®-Polio Product Monograph. Sanofi Pasteur Limited. April 14, 2011. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for Boostrix®-Polio

Tetanus-Diphtheria-Acellular Pertussis-Polio (Tdap-IPV)

Purpose	To provide information and guidance for Tdap-IPV immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the diseases and potential health complications of diphtheria, tetanus, pertussis, and polio.
Indication	Nunavut's publicly funded Tdap-IPV preschool vaccine is offered routinely to all children aged 4 to 6 years in Nunavut.
Eligibility	Children between 4 to 6 years of age, who have completed their primary series of immunization against tetanus, diphtheria, acellular pertussis, polio, and haemophilus influenza type b (Pediacel or Infanrix-IPV-Hib). The primary series consists of 4 doses given routinely at 2, 4, 6, and 18 months of age. If the child is incompletely immunized, please refer to the Catch-up Immunization Schedule and/or discuss with regional CDC.
Product	Boostrix®-Polio
Vaccine Type	Inactivated vaccine
Vaccine components	Tetanus toxoid, reduced diphtheria toxoid, acellular pertussis antigens, inactivated poliomyelitis vaccine. Aluminum adjuvant (as aluminum salts), sodium chloride, water for injection and medium 199. Formaldehyde, neomycin, and polymyxin are present in trace amounts.
Formats available	1 single dose 0.5 mL of a turbid white suspension in a vial or a prefilled syringe.
Manufacturer	GlaxoSmithKline Inc.
Administration	Intramuscular (IM) injection in the deltoid muscle. The vaccine **should not** be administered into the buttocks. Gently shake the vial well until a uniform, cloudy, suspension results
Dose Series	1 dose of 0.5 mL given routinely between 4 to 6 years of age (preschool dose).
Booster Dose	A booster dose of vaccine containing Tetanus, Diphtheria, and Acellular Pertussis (Adacel or Boostrix) is also recommended between 14 to 16 years of age (grade 9). See Adacel and Boostrix protocols for further details.
Vaccine interchangeability	In Nunavut, the preschool dose can be given by either Boostrix®-Polio, Adacel®-Polio, Quadracel®, or Infanrix®-IPV. See specific protocols for guidelines.
Contraindications	• A history of anaphylaxis after previous administration of the vaccine or another vaccine containing one or more of the same components. • A proven history of immediate or anaphylactic hypersensitivity to any component of the vaccine or its container. • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine that is not attributable to another identifiable cause. • Previous experience of transient thrombocytopenia or neurological complications following an earlier immunization against diphtheria and/or tetanus.
Precautions and Additional Notes	Vaccination should be delayed in those children with a severe acute febrile illness. Mild illness, such as a cold or a low-grade fever, is not a reason to delay immunization.

	If any of the following events occur within the specified period after administration of pertussis containing vaccine, future doses given should be based on careful consideration of potential benefits and possible risks. • Temperature of ≥40.5°C (105°F) within 48 hours, not attributable to another identifiable cause. • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days. Persons who have had natural pertussis infection should continue to receive pertussis-containing vaccines.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Common side effects are local pain, redness and swelling, fatigue and headache. Less common side effects are injection site reactions (warmth, itching, bruising), fever, gastro-intestinal symptoms (loss of appetite, stomach pain, feeling sick, vomiting), drowsiness, irritability, dizziness, joint pain and muscle stiffness. The following reportable reactions may occur rarely following the receipt of vaccines containing pertussis: • Temperature of ≥40.5°C (105°F) within 48 hours • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.

Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Tetanus, Diphtheria, Pertussis, and Polio Vaccine Fact Sheet
References	1. Boostrix®-Polio Product Monograph. GlaxoSmithKline Inc. July 12, 2011. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Fact Sheet

Diphtheria-Tetanus-Acellular Pertussis-Polio (DTaP-IPV) Vaccine

What is diphtheria?

Diphtheria is a bacteria that can cause a serious infection of the nose and throat, and can lead to severe breathing problems.

What is tetanus?

Tetanus (lockjaw) is a bacteria that can enter through scrapes and cuts, and causes painful tightening of muscles of the body, breathing problems, and occasionally death.

What is pertussis (whooping cough)?

Pertussis is a bacteria that can cause serious infection of airways, causing pneumonia, brain damage, or even death. Babies and young children are most at risk for complications.

What is polio?

Polio is a virus that can cause irreversible paralysis or even death.

Who should receive the vaccine?

In Nunavut this booster vaccine is recommended for all children. It is given routinely before your child goes to school (between 4 to 6 years of age).

What are the benefits of the vaccine?

- It prevents babies and young children from getting sick with diphtheria, tetanus, whooping cough, and polio.
- Because of immunizations, these diseases are now rare in Canada.

Is the vaccine safe?

Yes. Most people have no side effects or, if they do, they are mild and last no longer than a couple days. Common side effects include:

- Soreness, redness and swelling where the vaccine was given
- Mild fever or tiredness
- Headache or irritability

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the vaccine?

Talk to your health care provider if your child has any of the following:

- A severe reaction to a previous dose of this or any vaccine.
- An allergy to any ingredient of the vaccine.
- An uncontrolled seizure disorder.

Vaccine After Care

- To control fever and relieve pain or soreness, you can give your child Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle. A cold compress may also be used to relieve pain and swelling at the injection site.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- Any serious side effects such as swelling of the mouth/lips, hives or seizures should be checked out by a healthcare provider immediately.
- If you have any questions, or are concerned about a reaction from any vaccine, talk with your healthcare provider.

ᓱᓕᓪᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᐃᒋᐊᕐᓗᓐᓂᖅ-ᐊᓪᓚᕿᐸ ᓄᑭᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ ᑕᐅᙵᐃᓐᓇᖅ ᖁᐃᖅᓱᕐᓂᖅ-ᓄᕌᕈᑎᓐᓇᖅᑐᖅ-ᓄᕚᔾᔭᐊᕐᓇᖅ (DTaP-IPV) ᐋᓐᓂᐊᓕᓈᒃᑯᑎᒧᑦ ᓱᓕᓪᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᑭᓲᒪᑦ ᐃᒋᐊᕐᓗᓐᓂᖅ?

ᐃᒋᐊᕐᓗᓐᓂᖅ ᖁᐱᕐᕈᐊᕐᔫᔪᖅ ᓯᕐᓗᒃᑯᑦ ᐃᒋᐊᒃᑯᓪᓗ ᐋᓐᓂᐊᖅᑖᕈᑕᐅᔪᓐᓇᒻᒪᕆᑦᑐᖅ, ᐊᑲᐅᙱᓕᐅᕈᑕᐅᕐᔪᐊᕈᓐᓇᖅᑐᖅ ᐊᓂᖅᔮᖅᑎᐊᓂᕐᒥᑦ.

ᑭᓲᒪᑦ ᐊᓪᓚᕿᐸ ᓄᑭᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ?

ᐊᓪᓚᕿᐸ ᓄᑭᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ ᖁᐱᕐᕈᐊᕐᔫᔪᖅ ᑎᒥᒨᕈᓐᓇᖅᑐᖅ ᐊᒦᖅᓯᒪᓂᒃᑯᑦ ᑭᓕᒃᓯᒪᓂᒃᑯᓪᓗ, ᐋᓐᓂᓇᕐᔪᐊᖅᑐᒥᓪᓗ ᓱᒃᑎᑦᑎᓲᖑᓪᓗᓂ ᓄᑭᕐᓂᒃ, ᐊᓂᖅᔮᖅᑐᑦᑎᐊᕈᓐᓂᑦᑎᓲᖅ, ᐃᓖᓐᓂᒃᑯᓪᓗ ᑐᕐᑯᓇᖅᑐᓂ.

ᑭᓲᒪᑦ ᑕᐅᙵᐃᓐᓇᖅ ᖁᐃᖅᓱᕐᓂᖅ?

ᑕᐅᙵᐃᓐᓇᖅ ᖁᐃᖅᓱᕐᓂᖅ ᖁᐱᕐᕈᐊᕐᔫᔪᖅ ᐋᓐᓂᐊᖅᑖᕈᑕᐅᔪᓐᓇᖅᑐᖅ ᐊᓂᖅᑎᓇᕕᒃᑯᑦ, ᐳᕙᒃᑯᑦ ᐃᒪᒃᓯᒪᓕᖅᑎᑦᑎᓗᓂ ᓄᕙᒥ, ᖃᕋᓴᕐᒥ ᐱᐅᔪᓐᓃᖅᑎᑦᑎᓗᓂ, ᑐᕐᑯᔾᔭᑕᐅᓗᓂᓘᓐᓃᑦ. ᓄᑕᕋᐅᑦ ᓱᕈᓯᐅᓪᓗ ᐊᑦᑕᕐᓇᖅᑑᓐᓂᖅᓴᐅᔪᑦ ᐊᑲᐅᙱᓕᐅᕈᑎᓄᑦ.

ᑭᓲᒪ ᓄᕌᕈᑎᓐᓇᖅᑐᖅ?

ᓄᕌᕈᑎᓐᓇᖅᑐᖅ ᖁᐱᕐᕈᔪᖅ ᐱᔪᓐᓃᓐᓇᙱᑦᑐᒥᑦ ᓄᕌᕈᑕᐅᔪᓐᓇᖅᑐᖅ ᑐᖁᔾᔪᑕᐅᓗᓂᓘᓐᓃᑦ.

ᑭᓇ ᑲᐱᔭᐅᒥᐊᖅᑲᖅᐸ ᐋᓐᓂᐊᓕᓈᒃᑯᑎᒧᑦ?

ᓄᓇᕗᒻᒥ ᓱᕈᓯᓚᒫᑦ ᑲᐱᔭᐅᖁᔭᐅᔪᑦ. ᐃᓚᓐᓂᐊᓯᒋᐊᓚᐅᙱᓐᓂᖓᓂ ᑲᐱᔭᐅᖃᑦᑕᖅᑐᑦ (4ᓂ 6ᓄᑦ ᐅᑭᐅᖃᓕᖅᑎᓪᓗᒋᑦ).

ᐋᓐᓂᐊᓕᓈᒃᑯᑎ ᖃᓄᖅ ᐃᑲᔫᑎᖃᕐᒪᑦ?

- ᓄᑕᕋᐅᑦ ᓱᕈᓯᐅᓪᓗ ᓴᐳᔾᔭᐅᔫᙳᒪᑕ ᖃᓂᒪᓯᑦᑖᖅᑕᐃᓕᒪᓂᕐᒥᑦ ᒪᑯᓂᖓ ᐃᒋᐊᕐᓗᓐᓂᕐᒥ, ᐊᓪᓚᕿᐸ ᓄᑭᖏᓐᓂᒃ ᐋᓐᓂᐊᓂᕐᒥ, ᑕᐅᙵᐃᓐᓇᖅ ᖁᐃᖅᓱᕐᓂᕐᒥᒃ, ᐊᒻᒪ ᓄᕌᕈᑎᓐᓇᖅᑐᕐᒥᑦ.
- ᐋᓐᓂᐊᓕᓈᒃᑯᓯᖅᑕᐅᖃᑦᑕᕐᓂᕆᓐᓄᑦ, ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᖑᔪᑦ ᑕᑯᔭᐅᓚᔾᔪᙱᑦᑐᑦ ᑲᓇᑕᒥ.

ᐋᓐᓂᐊᓕᓈᒃᑯᑎ ᐊᑦᑕᕐᓇᙱᓚ?

ᐋ. ᐃᓄᓕᒫᑲᓴᑦ ᖃᓄᐃᐳᑎᖃᖃᑦᑕᙱᑦᑐᑦ ᑲᐱᔭᐅᒃᐸᑕ, ᑕᐃᒪᐃᐸᐸᑕ, ᓴᙲᑦᑐᑯᓘᓰᖅ ᐊᒻᒪ ᐅᓪᓗᓄ ᖃᑦᑏᓐᓇᕐᓄᑦ ᑕᐃᒪᐃᓲᖓᓪᓗᑎᒃ. ᑲᐱᔭᐅᓯᒪᓕᖅᑐᓂ ᒪᑯᐊ ᐊᑐᖅᑕᐅᕙᒃᑐᑦ:

- ᐊᐅᐸᓐᓂᖅ ᐊᒻᒪ ᐳᓪᓕᕐᓂᖅ ᑲᐱᔭᐅᕗᖓᓂ
- ᐆᑎᕐᓇᕈᓪᓗᓂ ᐅᐃᖖᒐᕐᓗᓂᔫᓐᓃᑦ
- ᓂᐊᖁᙳᓂᖅ ᐸᕝᕕᒍᓯᓐᓂᕐᔫᓐᓃᑦ

ᑳᑎᓖᓄᑦ, ᐃᓛᓐᓂᓚᐅᓰᖕᒡᓗᒃ ᓈᒻᒪᒃᓴᖅᑐᖃᙱᑦᑐᒻᒪᓇᐅᔭᓐᓇᖅᑐᖅ ᑕᐃᔭᐅᓰᖑᓪᓗᓂ ᓈᒻᒪᒃᓴᙱᕐᔪᐊᕐᓂᖅ. ᓈᒻᒪᒃᓴᙱᕐᔪᐊᕐᓗᓂ ᓴᖅᑭᓲᖅ ᐱᖑᔭᐅᓗᓂ, ᐊᒥᕐᓘᓗᓂ, ᖃᓂᒃᑯᑦ ᐳᓪᓕᕐᓂᖅᕐᓗᓂ, ᐊᓂᖅᔮᖅᑐᑦᑎᐊᕈᓐᓇᙱᓪᓗᓂ. ᑕᐃᒪᐃᖃᑦᑕᖅᑐᑦ ᑕᐃᒪᐃᒐᔭᒃᑐᑦ ᐃᑲᕋᐅᑉ ᓇᐸᖕᒐᑕ ᓇᐸᒃᑲᓐᓂᖕᒐᓂ 15 ᒥᓂᑦᓯᓂ ᐊᓂᒍᓚᐅᙱᓐᓂᖕᓂᓂ ᑲᐱᔭᐅᓯᒪᓕᖅᑐᓂ. **ᐅᑕᖅᑭᒋᐊᖅᑳᖅᐳᑎᑦ 15 ᒥᓂᑦᓯᓄᑦ ᖃᓄᐃᑦᑐᐃᓐᓇᕐᒧᑦ ᐋᓐᓂᐊᓕᓈᒃᑯᓯᖅᑕᐅᒍᕕᑦ ᑳᑎᒧᑦ.** ᓈᒻᒪᒃᓴᙱᕐᔪᐊᕐᓂᖅ ᑲᒪᒋᔭᐅᔪᓐᓇᖅᑐᖅ ᐋᓐᓂᐊᓕᕆᔨᐅᔪᖅ ᐃᓚᓐᓂᐊᖅᓯᒪᑦᑎᐊᖅᑐᖅ ᑲᒪᑦᑎᐊᓂᕐᒥᑦ.

ᑭᓇ ᐅᖃᖅᑎᖃᕐᕕᖃᕐᒃᐸ ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᑲᐱᔭᐅᓚᐅᙱᓐᓂᖓᓂ?

ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᐅᖃᖃᑎᖃᕐᓗᑎᑦ ᖄᑐᖕᖏᐃᑦ ᓇᓕᐊᓐᓂᑐᐃᓐᓇᖅ ᐊᑐᕐᓂᑰᐸᑦ:

- ᑎᒥᖓ ᓈᒻᒪᒃᓴᖅᔭᐊᓚᐅᙱᐸᑦ ᑖᑦᓯᒥᖓ ᑳᑎᒥᑦ ᐊᓯᖓᓂᓗᓐᓃᑦ.
- ᑳᑎᐅᑉ ᐃᒪᖓᑕ ᐃᓚᒃᓴᖓᓂ ᓈᒻᒪᒃᓴᙱᓐᓂᖅ.
- ᖅᑮᖅᓱᖅᔭᐊᔭᒃᐸᑦ

ᑲᐱᔭᐅᓯᒪᓕᖅᑐᓂ ᑲᒪᑦᑎᐊᖅᓂᖅ

- ᐆᑎᖅᓇᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᑦ ᐊᒻᒪ ᐋᓐᓂᐊᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᑦ ᒪᐃᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᓪᓗᓐᓃᑦ, ᐋᓐᓂᐊᕐᓇᙱᑦᑐᒥᑦ ᐆᑎᕐᓇᔾᔮᐃᑯᑎᒥᑦ ᐃᓱᓗᑎᑦ (ᑕᐃᓚᓈ (ᓂᐊᖁᖅᓯᐅᑎ), ᑕᒻᐳᕋ (ᐆᑎᕐᓇᖅᑐᖅᓯᐅᑎ) ᐅᖁᓘᓐᓃᑦ ᐋᓐᓂᐊᕐᓇᙱᑦᑐᒥᑦ ᐳᓪᓕᕐᓇᙱᑦᑐᒥᑦ (ᐋᑦᕕᐅᓪ, ᒍᑦᓇᓐ). ᓱᕈᓯᕐᓄᑦ, ᐋᓐᓂᐊᓕᕆᔨᐅᑉ ᖃᓄᑎᒋ ᐃᓱᕐᑯᐸᒍ ᒪᓕᑦᑎᐊᕐᓗᒍ ᐅᖁᓘᓐᓃᑦ ᐆᖓ ᑎᑎᕋᖅᓯᒪᔪᖅ ᒪᓕᑦᑎᐊᕐᓗᒍ. ᓂᓪᓕᓇᖅᑐᒥᑦ ᐃᓪᓚᔪᓇᕐᒥᔾᔨᑦ ᐋᓐᓂᐊᓗᐊᕐᓂᐊᖏᒻᒪᑦ ᐳᓪᓚᓗᐊᕐᓂᐊᙱᒻᒪᓗ ᑲᐱᔭᐅᕝᕕᒋᔭᖓ.
- ᐋᔾᐳᓇ **ᑐᓂᔭᐅᙱᓪᓗᓂ** ᑭᓇᑐᐃᓐᓇᕐᒧᑦ 20 ᑐᖓᓂ ᐅᑭᐅᓕᒻᒧᑦ ᐊᑦᑕᕐᓇᕐᓂᖓ ᕋᐃᔅ ᐋᓐᓂᐊᕈᑕᐅᓂᕋᖅᑐᖅ ᐱᔾᔪᑕᐅᓗᓂ, ᖃᕋᓴᕐᒧᑦ ᐱᐅᔪᓐᓃᕈᑕᐅᔪᓇᕐᒪᑦ ᑐᖁᔾᔪᑕᐅᓗᓂᓗ.
- ᖃᓄᐃᓕᔾᔪᑎᖃᓪᓚᓈᒃᑯᕕᑦ ᓲᕐᓗ ᖃᓂᒃᑯᑦ/ᖃᖓᓯᓈᒃᑯᑦ, ᐱᖑᔭᓐᓂᖅ ᐅᖁᓘᓐᓃᑦ ᖀᖅᓯᓚᕈᕕᑦ ᑐᐊᕕᕐᓇᖅᑐᒃᑯᕕᓚᐊᕐᓗᑎᑦ ᐋᓐᓂᐊᕕᓚᐊᑲᐅᑎᒋᓗᑎᓘᓐᓃᑦ.
- ᐊᐱᖅᑯᑎᖃᕈᕕᑦ, ᐃᓱᒪᒃᓴᖅᓯᐅᕈᕕᓪᓘᓐᓃᑦ ᖃᓄᐃᓕᕈᑕᐅᔪᒥᑦ ᑳᑎᒧᑦ, ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᐅᖃᖃᑎᖃᕐᓗᑎᑦ.

Feuille de renseignements

Vaccin combiné contre la diphtérie, le tétanos, la coqueluche acellulaire et la poliomyélite (DCaT-VPI)

Qu'est-ce que la diphtérie ?
La diphtérie est une bactérie qui peut causer une infection grave du nez et de la gorge pouvant engendrer de graves problèmes respiratoires.

Qu'est-ce que le tétanos ?
Le tétanos (lockjaw ou « mâchoire bloquée ») est une bactérie qui peut pénétrer par des égratignures et des coupures et causer des spasmes musculaires douloureux, des problèmes respiratoires et occasionnellement la mort.

Qu'est-ce que la coqueluche ?
La coqueluche est une bactérie qui peut engendrer une infection grave des voies respiratoires, causant la pneumonie, des dommages au cerveau ou même la mort. Les nourrissons et les enfants en bas âge sont le plus à risque d'être victimes de complications.

Qu'est-ce que la poliomyélite ?
La poliomyélite est un virus qui peut causer une paralysie irréversible ou même la mort.

Qui devrait recevoir le vaccin ?
Au Nunavut, ce vaccin de rappel est recommandé pour tous les enfants. Il est administré systématiquement avant que votre enfant aille à l'école (entre 4 et 6 ans).

Quels sont les avantages du vaccin ?
- Il empêche les nourrissons et les enfants en bas âge de tomber malades des suites de la diphtérie, du tétanos, de la coqueluche et de la poliomyélite.
- En raison des immunisations, ces maladies sont maintenant rares au Canada.

Est-ce que le vaccin est sécuritaire ?
Oui. La plupart des personnes n'ont aucun effet secondaire ou, s'ils en ont, ils sont mineurs et ne durent pas plus que deux jours. Les effets secondaires communs incluent :
- Douleur, rougeur et enflure à l'endroit où le vaccin a été administré
- Fièvre légère ou fatigue
- Mal de tête ou irritabilité

Peu importe le vaccin, il y a toujours une très faible chance que se produise une réaction allergique grave appelée *anaphylaxie*. Les symptômes d'un choc anaphylactique sont l'urticaire, les éruptions, le gonflement/l'enflure de la bouche, de la difficulté à respirer. Ce type de réaction se produit habituellement dans un délai de 15 minutes à la suite de l'administration d'un vaccin. **Il est recommandé de demeurer à la clinique pendant 15 minutes à la suite de l'administration du vaccin**. L'anaphylaxie peut être traitée et tout professionnel de la santé est formé pour traiter ce genre de réaction.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin ?
Mentionnez-le au professionnel de la santé si l'une des situations suivantes s'applique à votre enfant :
- Une réaction grave suite à une dose précédente de ce vaccin ou de tout autre vaccin.
- Une allergie à tout ingrédient contenu dans le vaccin.
- Des troubles de convulsion non contrôlés

Soins à apporter après l'administration du vaccin
- Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez donner à votre enfant de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Administrez à votre enfant la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille. Une compresse d'eau froide peut également être utilisée pour soulager la douleur et l'enflure au point d'injection.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort.
- Tout effet secondaire important tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions devrait être examiné immédiatement par un professionnel de la santé.
- Si vous avez des questions ou êtes inquiet par une réaction due à un vaccin, consultez un professionnel de la santé.

Naunaitkutikhaq Titiraq

Diphtheria-Tetanus-Acellular Pertussis-Polio-Haemophilus Influenza Type B-mut Kappuut Ilitturitjutikhaq

Hunauyuq diphtheria?
Diphtheria anniarutiqaqtuq taima amingnaqtuqaqtuq maqittitijutiqaqtuq qingarnun, igiaqnunlu, aningninguliqivakhuniklu.

Hunauyuq tetanus?
Tetanus (hiamitiqtaaqtuq anniarut) taima amingnaqtuq anniarut iluanungagiaqaqtuq kiliinut, taimalu ullugianaqtumik hukatitigiyuktun niqainanut timimi, aniqhaaqnikkutlu ayungnautigivaktun, taimalu ilaani tuqutigivaktuq.

Hunauyuq pertussis (qallakhungniq)?
Pertussis taima amingnaqtuq anniarutmik aniqhaarutaanut, taima pneumonialikpaktun, qaritauyaqmunlu ihuinaaqtitivaktuq, taimaluuniit tuqutigivaktun. Biipiinuat nuttaqqatlu ayungnautigiluaqniaqtun taimailitkumik.

Hunauyuq polio?
Polio taima amingnaqtuq anniarut taima ayungnautiqaqtitigiaqaqtun huliungnailiqitaaqtuq timimun tuqutigiinaqtaaqtuqluuniit.

Hunauyuq haemophilus influenza type B-mik?
Haemophilus taima amingnaqtuq anniarut qaritaqmun aungmunlu miqipkaivaktun, taima nuttaqqanut kihimi ukiuqaqtunut tallimanik.

Kinakiak kapuqhigiaqaqtun?
Nunavunmi kapuqhingniq kapuqtauyukhat tamaita biipiinuat. Taima kapuqhimaanginaqtun nuttaran taima 2mi, 4mi, 6mi, 18mi tatqikhiutingni ihivriuqtauraangamik.

Hunauyut pitjutikhauyut kapukhingnirnik?

- Aanniaqtailitjutikhat biipiinuanut nuttaqqanutlu tapkuninga aanniarutingnit diphtheriamin, tetanusmin, qallakhungnirmin, poliomin, haemophilus influenza type Bminlu.

Taima kaupuqhiqninin, ukuat aanniarutiit ikiklivalialiktun Kanatami.

Kapuuqhingniit qayangnaitkutauyut?
Hii. Inuit mihigitjutigivangitait kapuuqhiqniit, ilaani ilangit, taimailigaigumik, aanniarutivalaarutigivangitait ublunik malrungnik kihiani. Ayungnautigivaktait imaatun itun:

- Ulluguanikkut, aupayaaqhivaktun, puvipkakhutik kapuuqhingnirmi
- Qitjaumavakhutiklu unaguhukhutiklu
- Niaquliukpaktun mihingnaliinaqhutikluuniit

Tamainik kapukhingnikkut, ikitugaluit ayungnautiqaqtun timimingnun taiguyauvaktun imaatun *anaphylaxismik.* Anaphylaxis-ngit uvinirliqhutik puvikhutik, aupatjakhutik, puvipkaknir qanirmun, ayukhaqpakhutiklu aniqhaagiangat. Ukuat ayunautiit takunaqhivaktun taima kapukhilihaagaangamik taima 15minutesnik kapukhingnirmi. **Taima munarhitkuniitukhauyutin 15 minutesnik kapuqhiguiruvit.** Anaphylaxis-ngit munarhiliqitjutigiyaaqtun taima munarhitkuni taima munarhi ayuikhagiikhimakpan ihuaqhaqtitiyaangat.

Kina inuk uqaqatigiaqaqtun munarhinut taima kapukhiqtinanik?

Uqaqatigilugu munarhi taima nuttaran ayungnautingnik ukuninga:

- Ayungnautiqaqniaqan kapukhingnirmin kingulingmin kapukhingninikluuniit.
- Ayungnautiqaqan havautiqaqtun kapukhiutiit.

Kapukhiguigumi Munagitjutikhat
• Taima munagiyaangat kitjaujutiit ullugianaitkutikhatlu, nuttaran tunilugu havautingnik Mihingnairutikhaqnik (Tyleno-mikl, Tempra-mik) Ibuprofen-mikluuniit (Advil-mik, Motrin-mikluuniit). Nuttaqqanut, tunilugit havautikharnik naunaiyagiikhimayut munarhinin havautim naunaitkutingmiitunutlu. Niglaumayumik allagungmik tunilugit taima ullugianaitkutikharnik, puvipkakhimayuqlu kapukhirviangani. • Aspirin-nik (ASA) **Tuniakhaungitun** inungnut kitumunliqaak 20nik ukiuqangitunut taima ayungnautiqaqniaqtuq taimaitunik Reye Syndrome-mik, taima qaritaqminut ayungnautiqaqniaqtuq huikniaqtunluuniit. • Ayungnautiqaqqan taima puvitkumi qanirmi/umilrumi, uvinirlukumi, qiihiugumi ihivriuqtauyukhat munarhinin qillaminuaq. • Apiqutiqaruvit, ihumaalutiqaruvitluuniit talvuuna ayungnautingnut kapukhingninit, uqaqaqtigilugu munarhit.

Immunization Protocol for Infanrix®-IPV/Hib

Diphtheria-Tetanus-Acellular Pertussis-Polio-Haemophilus Influenza Type B (DTaP-IPV-Hib)

Purpose	To provide information and guidance for DTaP-IPV-Hib immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the diseases and potential health complications of diphtheria, tetanus, pertussis, polio, and haemophilus influenza type B.
Indication	Nunavut's publicly funded DTaP-IPV-HIB series is offered routinely to all infants in Nunavut.
Eligibility	Children between 2 to 59 months of age (< 5 years of age)
Product	Infanrix®-IPV/Hib
Vaccine Type	Inactivated vaccine
Vaccine components	Diphtheria Toxoid, Tetanus Toxoid, Pertussis Toxoid, Inactivated Poliomyelitis Vaccine, Polysaccharide (PRP) of Haemophilus influenzae Type b. Lactose, sodium chloride, aluminum adjuvant, medium 199, and water for injection. Formaldehyde, polysorbate 80, potassium chloride, disodium phosphate, monopotssium phosphate, glycine, neomycin sulphate, and polymyxin sulphate (in trace amounts)
Formats available	1 single dose 0.5 mL glass vial (latex free).
Manufacturer	GlaxoSmithKline Inc.
Administration	Intramuscular (IM) injection in the anterolateral thigh (vastus lateralis) of infants < 1 year of age, and in the deltoid muscle of children ≥ 1 year of age with adequate muscle mass. The vaccine **should not** be administered into the buttocks. Gently shake the vial well until a uniform, cloudy, suspension results.
Dose Series	0.5 mL given routinely at 2, 4, 6, and 18 months of age in Nunavut.
Booster Dose	One booster dose of vaccine containing tetanus, diphtheria, polio, and acellular pertussis (Quadracel, Boostrix-Polio, Adacel-Polio, or Infanrix-IPV) should be given between 4 to 6 years of age (preschool booster).
Vaccine interchangeability	The primary series initiated with the Infanrix-IPV-Hib vaccine should be completed with Infanrix-IPV-Hib if possible. If Infanrix-IPV-Hib is unavailable, Pediacel may be substituted
Contraindications	• A history of anaphylaxis after previous administration of the vaccine. • A proven history of immediate or anaphylactic hypersensitivity to any component of the vaccine or its container. • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine that is not attributable to another identifiable cause. • Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy. Infanrix-IPV-Hib should not be administered to persons with such conditions until a treatment regimen has been established and the condition has stabilized.
Precautions and	Vaccination should be delayed in those children with a severe acute febrile illness. Mild

Additional Notes	illness, such as a cold, is not a reason to delay immunization. If any of the following events occur within the specified period after administration of a vaccine containing pertussis, future doses given should be based on careful consideration of potential benefits and possible risks following the advice of the CMOH. • Temperature of ≥40.5°C (105°F) within 48 hours, not attributable to another identifiable cause. • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Common side effects include injection-site pain, erythema, and swelling. Other common reactions include fever, increased crying, fussiness, being less active and decreased eating. These side effects are usually mild and last no more than 3 to 4 days. Severe reactions, such as high fever, swelling and redness of the entire arm or leg, or a serious allergic reaction are very rare. The following reportable reactions may occur rarely following the receipt of vaccines containing pertussis: • Temperature of ≥40.5°C (105°F) within 48 hours • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot 867-983-4088; Kivalliq: 867-645-8272
Vaccine	Under development.

Coverage and Reporting	
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) DTaP-IPV-HIB Vaccine Fact Sheet
References	1. Infanrix®-IPV/Hib Product Monograph. GlaxoSmithKline Inc. August 16, 2011. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for Pediacel®

Diphtheria-Tetanus-Acellular Pertussis-Polio-Haemophilus Influenza Type B (DTaP-IPV-Hib)

Purpose	To provide information and guidance for DTaP-IPV-Hib immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the diseases and potential health complications of diphtheria, tetanus, pertussis, polio, and haemophilus influenza type B.
Indication	Nunavut's publicly funded DTaP-IPV-HIB series is offered routinely to all infants in Nunavut.
Eligibility	Children between 2 to 59 months of age (< 5 years of age)
Product	Pediacel®
Vaccine Type	Inactivated vaccine
Vaccine components	Diphtheria toxoid, tetanus toxoid, acellular pertussis, inactivated poliomyelitis vaccine, and haemophilus influenzae Type b. Aluminum Phosphate, 2-phenoxyethanol, Polysorbate 80 Bovine serum albumin, neomycin, polymyxin B, streptomycin, formaldehyde and glutaraldehyde (in trace amounts)
Formats available	1 single dose 0.5 mL glass vial (latex free).
Manufacturer	Sanofi Pasteur Limited
Administration	Intramuscular (IM) injection in the anterolateral thigh (vastus lateralis) of infants < 1 year of age, and in the deltoid muscle of children ≥ 1 year of age with adequate muscle mass. The vaccine **should not** be administered into the buttocks. Gently shake the vial well until a uniform, cloudy, suspension results.
Dose Series	0.5 mL given routinely at 2, 4, 6, and 18 months of age in Nunavut.
Booster Dose	One booster dose of vaccine containing tetanus, diphtheria, polio, and acellular pertussis (Quadracel, Boostrix-Polio, Adacel-Polio, or Infanrix-IPV) should be given between 4 to 6 years of age (preschool booster).
Vaccine interchangeability	The primary series initiated with the Pediacel vaccine should be completed with Pediacel if possible. If Pediacel is unavailable, Infanrix-IPV-Hib may be substituted.
Contraindications	• A history of anaphylaxis after previous administration of the vaccine. • A proven history of immediate or anaphylactic hypersensitivity to any component of the vaccine or its container. • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine that is not attributable to another identifiable cause. • Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy. Infanrix-IPV-Hib should not be administered to persons with such conditions until a treatment regimen has been established and the condition has stabilized.
Precautions and	Vaccination should be delayed in those children with a severe acute febrile illness. Mild

Additional Notes	illness, such as a cold, is not a reason to delay immunization. If any of the following events occur within the specified period after administration of a vaccine containing pertussis, future doses given should be based on careful consideration of potential benefits and possible risks following the advice of the CMOH. • Temperature of ≥40.5°C (105°F) within 48 hours, not attributable to another identifiable cause. • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Common side effects include injection-site pain, erythema, and swelling. Other common reactions include fever, increased crying, fussiness, being less active and decreased eating. These side effects are usually mild and last no more than 3 to 4 days. Severe reactions, such as high fever, swelling and redness of the entire arm or leg, or a serious allergic reaction are very rare. The following reportable reactions may occur rarely following the receipt of vaccines containing pertussis: • Temperature of ≥40.5°C (105°F) within 48 hours • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine	Under development.

Coverage and Reporting	
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) DTaP-IPV-HIB Vaccine Fact Sheet
References	1. Pediacel® Product Monograph. Sanofi Pasteur Limited. November, 2011. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Fact Sheet

Diphtheria-Tetanus-Acellular Pertussis-Polio-Haemophilus Influenza Type B (DTaP-IPV-HIB) Vaccine

What is diphtheria?
Diphtheria is a bacteria that can cause a serious infection of the nose and throat, and can lead to severe breathing problems.

What is tetanus?
Tetanus (lockjaw) is a bacteria that can enter through scrapes and cuts, and causes painful tightening of muscles of the body, breathing problems, and occasionally death.

What is pertussis (whooping cough)?
Pertussis is a bacteria that can cause serious infection of airways, causing pneumonia, brain damage, or even death. Babies and young children are most at risk for complications.

What is polio?
Polio is a virus that can cause irreversible paralysis or even death.

What is haemophilus influenza type B?
Haemophilus influenza type B is a bacteria that can cause brain and blood infections, most commonly in children under 5 years of age.

Who should receive the vaccine?
In Nunavut the vaccine series is recommended for all infants. It is given routinely at your child's 2, 4, 6, and 18 month check-ups.

What are the benefits of the vaccine?
- It prevents babies and young children from getting sick with diphtheria, tetanus, whooping cough, polio, and haemophilus influenza type B.
- Because of immunizations, these diseases are now rare in Canada.

Is the vaccine safe?
Yes. Most people have no side effects or, if they do, they are mild and last no longer than a couple days. Common side effects include:
- Soreness, redness and swelling where the vaccine was given
- Mild fever or tiredness
- Headache or irritability

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the vaccine?
Talk to your health care provider if your child has any of the following:
- A severe reaction to a previous dose of this or any vaccine.
- An allergy to any ingredient of the vaccine.
- An uncontrolled seizure disorder.

What is the risk of not getting the vaccine?
If your child does not get all recommended vaccines, he or she is at risk of becoming sick. These diseases can lead to serious complications and even death.

Vaccine After Care
• To control fever and relieve pain or soreness, you can give your child Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle. A cold compress may also be used to relieve pain and swelling at the injection site. • Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death. • Any serious side effects such as swelling of the mouth/lips, hives or seizures should be checked out by a healthcare provider immediately. • If you have any questions, or are concerned about a reaction from any vaccine, talk with your healthcare provider.

Feuille de renseignements

Vaccin combiné contre la diphtérie, le tétanos, la coqueluche acellulaire, la poliomyélite et l'Haemophilus influenza de type B (DCaT-VPI-HIB)

Qu'est-ce que la diphtérie ?
La diphtérie est une bactérie qui peut causer une infection grave du nez et de la gorge pouvant engendrer de graves problèmes respiratoires.

Qu'est-ce que le tétanos ?
Le tétanos (lockjaw ou « mâchoire bloquée ») est une bactérie qui peut pénétrer par des égratignures et des coupures et causer des spasmes musculaires douloureux, des problèmes respiratoires et occasionnellement la mort.

Qu'est-ce que la coqueluche ?
La coqueluche est une bactérie qui peut engendrer une infection grave des voies respiratoires, causant la pneumonie, des dommages au cerveau ou même la mort. Les nourrissons et les enfants en bas âge sont le plus à risque d'être victimes de complications.

Qu'est-ce que la poliomyélite ?
La poliomyélite est un virus qui peut causer une paralysie irréversible ou même la mort.

Qu'est-ce que l'Haemophilus influenza de type B ?
L'Haemophilus influenza de type B est une bactérie qui peut causer des infections du sang et au cerveau, plus généralement chez les enfants de moins de 5 ans.

Qui devrait recevoir le vaccin ?
Au Nunavut, cette série du vaccin est recommandée pour tous les enfants. Des contrôles sont administrés systématiquement à votre enfant à l'âge de 2, 4, 6 et 18 mois.

Quels sont les avantages du vaccin ?
- Il empêche les nourrissons et les enfants en bas âge de tomber malades des suites de la diphtérie, du tétanos, de la coqueluche, de la poliomyélite et de l'Haemophilus influenza de type B.
- En raison des immunisations, ces maladies sont maintenant rares au Canada.

Est-ce que le vaccin est sécuritaire ?
Oui. La plupart des personnes n'ont aucun effet secondaire ou, s'ils en ont, ils sont mineurs et ne durent pas plus que quelques jours. Les effets secondaires communs incluent :
- Douleur, rougeur et enflure à l'endroit où le vaccin a été administré
- Fièvre légère ou fatigue
- Mal de tête ou irritabilité

Peu importe le vaccin, il y a toujours une très faible chance que se produise une réaction allergique grave appelée *anaphylaxie*. Les symptômes d'un choc anaphylactique sont l'urticaire, les éruptions, le gonflement/l'enflure de la bouche, de la difficulté à respirer. Ce type de réaction se produit habituellement dans un délai de 15 minutes à la suite de l'administration d'un vaccin. **Il est recommandé de demeurer à la clinique pendant 15 minutes à la suite de l'administration du vaccin**. L'anaphylaxie peut être traitée et tout professionnel de la santé est formé pour traiter ce genre de réaction.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin ?
Mentionnez-le au professionnel de la santé si l'une des situations suivantes s'applique à votre enfant :
- Une réaction grave suite à une dose précédente de ce vaccin ou de tout autre vaccin.
- Une allergie à tout ingrédient contenu dans le vaccin.
- Des troubles de convulsion non contrôlés.

Quel est le risque lié au fait de ne pas recevoir le vaccin ?
Si votre enfant n'obtient pas tous les vaccins recommandés, il est à risque de tomber malade. Ces maladies peuvent mener à des complications graves allant jusqu'à la mort.

Soins à apporter après l'administration du vaccin

- Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez donner à votre enfant de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Administrez à votre enfant la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille. Une compresse d'eau froide peut également être utilisée pour soulager la douleur et l'enflure au point d'injection.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort.
- Tout effet secondaire important tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions devrait être examiné immédiatement par un professionnel de la santé.
- Si vous avez des questions ou êtes inquiet par une réaction due à un vaccin, consultez un professionnel de la santé.

ᓱᓕᓪᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᐃᒡᒋᐊᕐᓗᓐᓂᖅ-ᐊᓪᓚᕿᐸ ᓄᑭᖕᒋᓐᓂᒃ ᐋᓐᓂᐊᖅ ᑕᐅᕗᖓᐃᓐᓇᖅ ᖁᐃᖅᓱᕐᓂᖅ-ᓄᐹᕈᑎᓐᓇᖅᑐᖅ-ᓄᕙᒃᔪᐊᕐᓇᖅ ᐲ (DTaP-IPV-HIB) ᑲᐱᔭᐅᓂᕐᒧᑦ ᓱᓕᓪᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᑭᓱᒻᒪᑦ ᐃᒡᒋᐊᕐᓗᓐᓂᖅ?

ᐃᒡᒋᐊᕐᓗᓐᓂᖅ ᖁᐱᕐᕈᐊᕐᔫᔪᖅ ᓱᕐᓗᒃᑯᑦ ᐃᒡᒋᐊᒃᑯᓪᓗ ᐋᓐᓂᐊᖅᑖᕈᑕᐅᔪᓐᓇᕐᒪᓇᑦᑐᖅ, ᐊᑲᐅᙱᓕᐅᕈᑕᐅᕐᔪᐊᕈᓐᓇᖅᑐᖅ ᐊᓂᖅᓵᖅᑎᐊᓂᕐᒥᑦ.

ᑭᓱᒻᒪᑦ ᐊᓪᓚᕿᐸ ᓄᑭᖕᒋᓐᓂᒃ ᐋᓐᓂᐊᖅ?

ᐊᓪᓚᕿᐸ ᓄᑭᖕᒋᓐᓂᒃ ᐋᓐᓂᐊᖅ ᖁᐱᕐᕈᐊᕐᔫᔪᖅ ᑎᒥᒨᕈᓐᓇᖅᑐᖅ ᐊᒦᖅᓯᒪᓂᒃᑯᑦ ᑭᓪᓚᒃᓯᒪᓂᒃᑯᓪᓗ, ᐋᓐᓂᓇᕐᔪᐊᖅᑐᒥᓪᓗ ᓱᑲᑎᑦᑎᓲᖑᓪᓗᓂ ᓄᑭᕐᓂᒃ, ᐊᓂᖅᓵᖅᑑᑎᐊᕈᓐᓂᑦᑎᓯᖅ, ᐃᓚᓐᓂᒃᑯᓪᓗ ᑐᕐᑯᓇᖅᑐᓂ.

ᑭᓱᒻᒪᑦ ᑕᐅᕗᖓᐃᓐᓇᖅ ᖁᐃᖅᓱᕐᓂᖅ?

ᑕᐅᕗᖓᐃᓐᓇᖅ ᖁᐃᖅᓱᕐᓂᖅ ᖁᐱᕐᕈᐊᕐᔫᔪᖅ ᐋᓐᓂᐊᖅᑖᕈᑕᐅᔪᓐᓇᖅᑐᖅ ᐊᓂᖅᑎᓇᕖᒃᑯᑦ, ᐳᕙᒃᑯᑦ ᐃᒻᒪᒃᓯᒪᓕᖅᑎᑦᑎᓗᓂ ᓄᕙᒥ, ᖃᕋᓴᕐᒥ ᐱᐅᔪᓐᓃᖅᑎᑦᑎᓗᓂ, ᑐᕐᑯᔪᑕᐅᓗᓂᓘᓐᓃᑦ. ᓄᑕᕋᓛᑦ ᓱᐱᓯᓛᓪᓗ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓂᖅᓴᐅᔪᑦ ᐊᑲᐅᙱᓕᐅᕈᑎᓄᑦ.

ᑭᓱᒪ ᓄᐹᕈᑎᓐᓇᖅᑐᖅ?

ᓄᐹᕈᑎᓐᓇᖅᑐᖅ ᖁᐱᕐᕈᔪᖅ ᐱᔪᓐᓂᓐᓇᙱᑦᑐᒥᑦ ᓄᐹᕈᑕᐅᔪᓐᓇᖅᑐᖅ ᑐᕐᑯᔪᑕᐅᓗᓂᓘᓐᓃᑦ.

ᑭᓱᒪ ᖃᕋᓴᒃᑯᑦ ᐊᐅᒃᑯᓪᓗ ᓄᕙᒃᔪᐊᕐᓇᖅ ᐲ?

ᖃᕋᓴᒃᑯᑦ ᐊᐅᒃᑯᓪᓗ ᓄᕙᒃᔪᐊᕐᓇᖅ ᐲ ᖁᐱᕐᕈᔪᖅ ᖃᕋᓴᒃᑯᑦ ᐊᐅᒃᑯᓪᓗ ᐋᓐᓂᐊᖅᑖᕈᑕᐅᔪᓐᓇᖅᑐᖅ, ᓱᕈᓰᑦ ᑕᓪᓚᒪᓂᑦ ᐅᑭᐅᖅᑲᖅᑐᑦ ᑐᖖᓂ ᑕᐃᒪᐃᒐᔪᓐᓂᖅᐹᖑᓪᓗᑎ.

ᑭᓇ ᑲᐱᔭᐅᒋᐊᖃᖅᐸ ᐋᓐᓂᐊᓕᖅᑯᑎᒧᑦ?

ᓄᓇᕗᒻᒥ ᓄᑕᕋᓛᓕᒫᑦ ᑲᐱᔭᐅᖁᔭᐅᔪᑦ. ᑲᐱᓯᓚᕝᕙᓪᓗᑎ ᕿᑐᕐᖓᐃᑦ ᑕᕝᔭᐅᑎᓪᓗᒍ 2, 4, 6, ᐊᒻᒪ 18ᓂ ᑕᖅᑭᖃᓕᖅᑎᓪᓗᒋᑦ.

ᐋᓐᓂᐊᓕᖅᑯᑎ ᖃᓄᖅ ᐃᑲᔫᑎᖃᕐᒪᑦ?

- ᓄᑕᕋᓛᑦ ᓱᐱᓯᓛᓪᓗ ᓴᐳᔾᔭᐅᓯᕚᓪᒪᑕ ᖃᓂᒪᓯᑦᑖᖅᑕᐃᓚᒪᓂᕐᒥᑦ ᒪᒃᑯᓐᖓ ᐃᒡᒋᐊᕐᓗᓐᓂᕐᒥ, ᐊᓪᓚᕿᐸ ᓄᑭᖕᒋᓐᓂᒃ ᐋᓐᓂᐊᓂᕐᒥ, ᑕᐅᕗᖓᐃᓐᓇᖅ ᖁᐃᖅᓱᕐᓂᕐᒥᒃ, ᓄᐹᕈᑎᓐᓇᖅᑐᒥᑦ, ᐊᒻᒪ ᓄᕙᒃᔪᐊᕐᓇᖅ ᐲᒥᑦ.
- ᐋᓐᓂᐊᓕᖅᑯᓯᖅᑕᐅᖃᑦᑕᕐᓂᖕᒋᓐᓄᑦ, ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᖑᔪᑦ ᑕᑯᔭᐅᓚᔾᔪᙱᑦᑐᑦ ᑲᓇᑕᒥ.

ᐋᓐᓂᐊᓕᖅᑯᑎ ᐊᑦᑕᕐᓇᖕᒋᓚ?

ᐄ. ᐃᓄᓕᒫᑲᓴᑦ ᖃᓄᐃᑭᑎᖃᖃᑦᑕᙱᑦᑐᑦ ᑲᐱᔭᐅᒃᐸᑕ, ᑕᐃᒪᐃᑉᐸᑕ, ᓴᙳᑦᑐᑯᓗᓯᖅ ᐊᒻᒪ ᐅᓪᓗᓄ ᖃᑦᑏᓐᓇᕐᓄᑦ ᑕᐃᒪᐃᓲᖓᓪᓗᑎᒃ. ᑲᐱᔭᐅᓯᒪᓕᖅᑐᓂ ᒪᑯᐊ ᐊᑐᖅᑕᐅᕙᒃᑐᑦ:

- ᒪᐃᓐᓂᖅ, ᐊᐅᐸᓐᓂᖅ ᐊᒻᒪ ᐳᓪᓕᕐᓂᖅ ᑲᐱᔭᐅᕝᕕᖓᓂ
- ᐆᑎᕐᓇᕈᔪᓪᓗᓂ ᐅᐃᖖᒐᕐᓗᓂᓘᓐᓃᑦ
- ᓂᐊᖁᙳᓂᖅ ᐸᕝᕕᒍᓯᓐᓂᕐᓘᓐᓃᑦ

ᑳᑎᓕᒫᓄᑦ, ᐃᓛᓐᓂᓚᐅᓯᖕᖒᒃ ᓈᒻᒪᒃᓴᖅᑐᖅᑲᙱᑦᑐᒻᒪᕆᐅᔪᓐᓇᖅᑐᖅ ᑕᐃᔭᐅᓰᖑᓪᓗᓂ ᓈᒻᒪᒃᓴᙱᖅᔪᐊᖅᓂᖅ. ᓈᒻᒪᒃᓴᙱᖅᔪᐊᖅᓗᓂ ᓴᖅᑭᓰᖅ ᐱᖑᔭᐅᓗᓂ, ᐊᒥᕐᔫᓗᓂ, ᖃᓂᒃᑯᑦ ᐳᓪᓕᕐᓂᖃᕐᓗᓂ, ᐊᓂᖅᓵᖅᑐᑦᑎᐊᕈᓐᓃᓪᓗᓂ. ᑕᐃᒪᐃᖃᑦᑕᖅᑐᑦ ᑕᐃᒪᐃᓚᔪᒃᑐᑦ ᐃᑲᖅᕿᐅᑉ ᓇᑉᐸᖓᑕ ᓇᑉᐸᒃᑲᓐᓂᖓᓂ 15 ᒥᓂᑦᓯᓂ ᐊᓂᒍᓚᐅᙱᓐᓂᖏᓐᓂ ᑲᐱᔭᐅᓯᒪᓕᖅᑐᓂ. **ᐅᑕᖅᑭᒋᐊᖃᖅᐳᑎᑦ 15 ᒥᓂᑦᓯᓄᑦ ᖃᓄᐃᑦᑐᑐᐃᓐᓇᕐᒧᑦ ᐋᓐᓂᐊᓕᖅᑯᓯᖅᑕᐅᒍᕕᑦ ᑳᑎᒧᑦ.** ᓈᒻᒪᒃᓴᙱᖅᔪᐊᕐᓂᖅ ᑲᒪᒋᔭᐅᔪᓐᓇᖅᑐᖅ ᐋᓐᓂᐊᓕᕆᔨᐅᔪᖅ ᐃᓕᓐᓂᐊᖅᓯᒪᑦᑎᐊᖅᑐᖅ ᑲᒪᑦᑎᐊᓂᕐᒥᑦ.

ᑭᓇ ᐅᖃᖃᑎᖃᕆᐊᖃᖅᐸ ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᑲᐱᔭᐅᓚᐅᙱᓐᓂᓐᖓᓂ?

ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᐅᖃᖃᑎᖃᕐᓗᑎᑦ ᕿᑐᕐᖓᐃᑦ ᓇᓚᐊᓐᓂᑐᐃᓐᓇᖅ ᐊᑐᕐᓂᑯᐸᑦ:

- ᑎᒥᖓ ᓈᒻᒪᒃᓴᕐᔪᐊᓚᐅᙱᑉᐸᑦ ᑖᑦᓯᒥᖓ ᑳᑎᒥᑦ ᐊᓯᖓᓂᓘᓐᓃᑦ.
- ᑳᑎᐅᑉ ᐃᒪᖓᑕ ᐃᓚᒃᓴᖓᓂ
- ᓈᒻᒪᒃᓴᙱᓐᓂᖅ.ᕿᒃᓯᕐᔪᐊᔭᒃᐸᑦ

ᑭᓯ ᐊᑦᑕᕐᓇᕈᑕᐅᒻᒪᑦ ᑲᐱᔭᐅᙱᓪᓗᓂ ᐋᓐᓂᐊᓕᖅᑯᑎᒧᑦ?

ᕿᑐᕐᖓᐃᑦ ᐋᓐᓂᐊᓕᖅᑯᓯᖅᑕᐅᙱᑉᐸᑦ, ᐊᑦᑕᕐᓇᖅᑐᒦᑦᑐᖅ ᐋᓐᓂᐊᖅᑖᕐᓂᕐᒧᑦ. ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᑦ ᐊᑲᐅᙱᓕᐅᕈᑎᔪᐊᕈᑕᐅᔪᓐᓇᖅᑐᑦ ᑐᖁᔪᑕᐅᔪᓐᓇᓪᓗᑎ.

ᑲᐱᔭᐅᓯᒪᓕᖅᑐᓂ ᑲᒪᑎᐊᕐᓂᖅ

- ᐆᑎᕐᓇᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᑦ ᐊᒻᒪ ᐋᓐᓂᐊᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᑦ ᒪᐃᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᓪᓘᓐᓃᑦ, ᐋᓐᓂᐊᕐᓇᙱᑦᑐᒥᑦ ᐆᑎᕐᓇᔾᔭᐃᑯᑎᒥᑦ ᐂᓯᓗᑎᑦ (ᑕᐃᓚᓈ (ᓂᐊᖁᖅᓯᐅᑎ), ᑕᒻᐳᕋ (ᐆᑎᕐᓇᖅᑐᖅᓯᐅᑎ) ᐅᕙᓗᓃᓐᓂᑦ ᐋᓐᓂᐊᕐᓇᙱᑦᑐᒥᑦ ᐳᓪᓕᕐᓇᙱᑦᑐᒥᑦ (ᐋᑦᕕᐅᓪ, ᒨᑦᕆᓐ). ᓱᕈᓯᕐᓄᑦ, ᐋᓐᓂᐊᓕᕆᔨᐅᑉ ᖃᓄᑎᒋ ᐂᓯᖅᑯᐸᒍ ᒪᓕᑦᑎᐊᕐᓗᒍ ᐅᕙᓗᓃᓐᓂᑦ ᐹᖕᖓᓂ ᑎᑎᕋᖅᓯᒪᔪᖅ ᒪᓕᑦᑎᐊᕐᓗᒍ.
- ᐋᔅᐱᕆᓐ **ᑐᓂᔭᐅᙱᓪᓗᓂ** ᑭᓇᑐᐃᓐᓇᕐᒧᑦ 20 ᑐᖖᓂ ᐅᑭᐅᓕᒻᒧᑦ ᐊᑦᑕᕐᓇᕐᓂᖕᒐ ᕿᐃᔅ ᐋᓐᓂᐊᕈᑕᐅᓂᖃᖅᑐᖅ ᐱᔾᔪᑕᐅᓗᓂ, ᖃᕋᓴᕐᒧᑦ ᐱᐅᔪᓐᓃᕈᑕᐅᔪᓐᓇᕐᒪᑦ ᑐᖁᔾᔪᑕᐅᓗᓂᓗ.
- ᖃᓄᐃᓕᔾᔪᑎᖃᓪᓚᓇᒃᑯᕕᑦ ᓱᕐᓗ ᖃᓂᒃᑯᑦ/ᖃᖕᒐᓯᓈᒃᑯᑦ, ᐱᙳᔭᓐᓂᖅ ᐅᕙᓗᓃᓐᓂᑦ ᕿᒃᓯᓕᕈᕕᑦ ᑐᐊᕕᕐᓇᖅᑐᒃᑯᕕᓕᐊᕐᓗᑎᑦ ᐋᓐᓂᐊᕕᓕᐊᑲᐅᑎᒋᓗᑎᓗᓃᓐᓂᑦ.
- ᐊᐱᖅᑯᑎᖃᕈᕕᑦ, ᐃᓱᒪᓗᑎᖃᕈᕕᓪᓘᓐᓃᑦ ᖃᓄᐃᓕᕈᑕᐅᔪᒥᑦ ᑳᑎᒧᑦ, ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᐅᖃᖃᑎᖃᕐᓗᑎᑦ.

Naunaitkutikhaq Titiraq

Diphtheria-Tetanus-Acellular Pertussis-Polio-Haemophilus Influenza Type B-mut Kappuut Ilitturitjutikhaq

Hunauyuq diphtheria?

Diphtheria anniarutiqaqtuq taima amingnaqtuqaqtuq maqittitijutiqaqtuq qingarnun, igiaqnunlu, aningninguliqivakhuniklu.

Hunauyuq tetanus?

Tetanus (hiamitiqtaaqtuq anniarut) taima amingnaqtuq anniarut iluanungagiaqaqtuq kiliinut, taimalu ullugianaqtumik hukatitigiyuktun niqainanut timimi, aniqhaaqnikkutlu ayungnautigivaktun, taimalu ilaani tuqutigivaktuq.

Hunauyuq pertussis (qallakhungniq)?

Pertussis taima amingnaqtuq anniarutmik aniqhaarutaanut, taima pneumonialikpaktun, qaritauyaqmunlu ihuinaaqtitivaktuq, taimaluuniit tuqutigivaktun. Biipiinuat nuttaqqatlu ayungnautigiluaqniaqtun taimailitkumik.

Hunauyuq polio?

Polio taima amingnaqtuq anniarut taima ayungnautiqaqtitigiaqaqtun huliungnailiqitaaqtuq timimun tuqutigiinaqtaaqtuqluuniit.

Hunauyuq haemophilus influenza type B-mik?

Haemophilus taima amingnaqtuq anniarut qaritaqmun aungmunlu miqipkaivaktun, taima nuttaqqanut kihimi ukiuqaqtunut tallimanik.

Kinakiak kapuqhigiaqaqtun?

Nunavunmi kapuqhingniq kapuqtauyukhat tamaita biipiinuat. Taima kapuqhimaanginaqtun nuttaran taima 2mi, 4mi, 6mi, 18mi tatqikhiutingni ihivriuqtauraangamik.

Hunauyut pitjutikhauyut kapukhingnirnik?

- Aanniaqtailitjutikhat biipiinuanut nuttaqqanutlu tapkuninga aanniarutingnit diphtheriamin, tetanusmin, qallakhungnirmin, poliomin, haemophilus influenza type Bminlu.
- Taima kaupuqhiqninin, ukuat aanniarutiit ikiklivalialiktun Kanatami.

Kapuuqhingniit qayangnaitkutauyut?

Hii. Inuit mihigitjutigivangitait kapuuqhiqniit, ilaani ilangit, taimailigaigumik, aanniarutivalaarutigivangitait ublunik malrungnik kihiani. Ayungnautigivaktait imaatun itun:

- Ulluguanikkut, aupayaaqhivaktun, puvipkakhutik kapuuqhingnirmi
- Qitjaumavakhutiklu unaguhukhutiklu
- Niaquliukpaktun mihingnaliinaqhutikluuniit

Tamainik kapukhingnikkut, ikitugaluit ayungnautiqaqtun timimingnun taiguyauvaktun imaatun *anaphylaxismik.* Anaphylaxis-ngit uvinirliqhutik puvikhutik, aupatjakhutik, puvipkaknir qanirmun, ayukhaqpakhutiklu aniqhaagiangat. Ukuat ayunautiit takunaqhivaktun taima kapukhilihaagaangamik taima 15minutesnik kapukhingnirmi. **Taima munarhitkuniitukhauyutin 15 minutesnik kapuqhiguiruvit.** Anaphylaxis-ngit munarhiliqitjutigiyaaqtun taima munarhitkuni taima munarhi ayuikhagiikhimakpan ihuaqhaqtitiyaangat.

Kina inuk uqaqatigiaqaqtun munarhinut taima kapukhiqtinanik?

Uqaqatigilugu munarhi taima nuttaran ayungnautingnik ukuninga:

- Ayungnautiqaqniaqan kapukhingnirmin kingulingmin kapukhingninikluuniit.
- Ayungnautiqaqan havautiqaqtun kapukhiutiit.

Kapukhiguigumi Munagitjutikhat
• Taima munagiyaangat kitjaujutiit ullugianaitkutikhatlu, nuttaran tunilugu havautingnik Mihingnairutikhaqnik (Tyleno-mikl, Tempra-mik) Ibuprofen-mikluuniit (Advil-mik, Motrin-mikluuniit). Nuttaqqanut, tunilugit havautikharnik naunaiyagiikhimayut munarhinin havautim naunaitkutingmiitunutlu. Niglaumayumik allagungmik tunilugit taima ullugianaitkutikharnik, puvipkakhimayuqlu kapukhirviangani. • Aspirin-nik (ASA) **Tuniakhaungitun** inungnut kitumunliqaak 20nik ukiuqangitunut taima ayungnautiqaqniaqtuq taimaitunik Reye Syndrome-mik, taima qaritaqminut ayungnautiqaqniaqtuq huikniaqtunluuniit. • Ayungnautiqaqqan taima puvitkumi qanirmi/umilrumi, uvinirlukumi, qiihiugumi ihivriuqtauyukhat munarhinin qillaminuaq. • Apiqutiqaruvit, ihumaalutiqaruvitluuniit talvuuna ayungnautingnut kapukhingninit, uqaqaqtigilugu munarhit.

Immunization Protocol for Avaxim® and Avaxim®-Pediatric

Hepatitis A (HA)

Purpose	To provide information and guidance for the use of Hepatitis A (HA) immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.			
Objective	To prevent the infection of Hepatitis A in Nunavummiut.			
Indication	The Hepatitis A vaccine is indicated for individuals at risk of exposure, as well as for those requiring post-exposure prophylaxis.			
Eligibility	The HA vaccine is publicly funded **only**: 1. In post-exposure prophylaxis to specific contacts in a confirmed case of HA as directed by the regional CDC/office of the CMOH. 2. HA non-immune patients with a diagnosis of Hepatitis B or Hepatitis C. HA immunization is highly recommended for individuals traveling to HA endemic areas. These travelers must receive a prescription, and personally pay for the HA vaccine if it is indicated for their travel. The HA vaccine is **not** publically funded in these cases.			
Product	Avaxim® and Avaxim®-Pediatric			
Vaccine Type	Inactivated vaccine			
Vaccine components	Purified and formaldehyde-inactivated hepatitis A virus. Neomycin, aluminum hydroxide, 2- phenoxyethanol, formaldehyde, water for injection			
Formats available	Avaxim® - Pediatric is supplied in packages containing either: one pre-filled single dose syringe with two needles, one pre-filled single dose syringe with attached needle, or a multidose vial. Avaxim is supplied in packages containing either: one pre-filled single dose syringe with two needles, or one pre-filled single dose syringe with attached needle The plunger stoppers and needle shields for the syringes supplied with this product do not contain dry natural rubber latex.			
Manufacturer	Sanofi Pasteur Ltd.			
Administration	Intramuscular (IM) in the deltoid muscle for children ≥ 1 year of age with adequate muscle mass and adults. The vaccine **should not** be administered into the buttocks. Gently shake the pre-filled syringe to obtain a uniform cloudy suspension and ensure all air is expelled from the syringe prior to administration.			
Dose Series	**Vaccine Name**	**Antigen(s)**	**Volume (mL)**	**Schedule (in months)** **(Months: 1st dose = month 0)**
For children ages 12 months to 15 years of age inclusive	Avaxim®-Pediatric	80 antigen units HA	0.5 mL	0, 6 to 12 months
For individuals > 12 years of age	Avaxim®	160 antigen units HA	1.0 mL	0, 6 to 36 months
Booster Dose	Not Applicable			

Vaccine interchangeability	May be used interchangeably with Havrix 720 (pediatric) and Havrix 1440 (adult) depending on the age. See Havrix protocol for further information.
Contraindications	History of anaphylaxis after previous administration of the product and in persons with proven immediate or anaphylactic hypersensitivity to any component of the product or its container. HA immunization should be postponed in persons with moderate or severe acute illness. Persons with minor acute illness (with or without fever) may be vaccinated.
Precautions and Additional Notes	Infants < 12 months of age are not eligible to receive the HA vaccine. In a case of post-exposure prophylaxis for an infant, Immune Globulin may be indicated. Each case should be consulted with regional CDC. If the second dose of HA vaccine is missed, it can be given at any time without the need to restart the series.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	HA vaccine is well tolerated. Reactions are generally mild and transient, and are usually limited to soreness and redness at the injection site. Other less frequent reactions include headache, irritability, malaise, fever, fatigue and gastrointestinal symptoms.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).

Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Hepatitis A Vaccine Fact Sheet
References	1. Avaxim® Product Monograph. Sanofi Pasteur Limited. February 2011. 2. Avaxim®- Pediatric Product Monograph. Sanofi Pasteur Limited. November 2011. 3. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for Havrix® 1440 and Havrix® 720 Junior

Hepatitis A (HA)

Purpose	To provide information and guidance for the use of Hepatitis A (HA) immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To prevent the infection of Hepatitis A in Nunavummiut.
Indication	The Hepatitis A vaccine is indicated for individuals at risk of exposure, as well as for those requiring post-exposure prophylaxis.
Eligibility	The HA vaccine is publicly funded **only**: 1. In post-exposure prophylaxis to specific contacts in a confirmed case of HA as directed by the regional CDC/office of the CMOH. 2. HA non-immune patients with a diagnosis of Hepatitis B or Hepatitis C. HA immunization is highly recommended for individuals traveling to HA endemic areas. These travelers must receive a prescription, and personally pay for the HA vaccine if it is indicated for their travel. The HA vaccine is **not** publically funded in these cases.
Product	Havrix® 1440 and Havrix® 720 Junior
Vaccine Type	Inactivated vaccine
Vaccine components	Havrix® 1440 contains: 1440 ELISA units per 1.0 mL of formaldehyde-inactivated hepatitis A virus. Havrix® 720 Junior contains: 720 ELISA units per 0.5 mL of formaldehyde-inactivated hepatits A virus. Aluminum hydroxide, amino acids for injection, disodium phosphate, monopotassium phosphate, neomycin sulphate, polysorbate 20, potassium chloride, sodium chloride and water for injection.
Formats available	HAVRIX® 1440: Single Dose 1 mL Vials: In packages of 1, 10 or 25 vials. Single Dose 1 mL Prefilled Syringes: In packages of 1 prefilled syringe. HAVRIX® 720 Junior: Single Dose 0.5 mL Vials: In packages of 1 or 10 vials. Single Dose 0.5 mL Prefilled Syringes: In packages of 1 prefilled syringe.
Manufacturer	GlaxoSmithKline Inc.
Administration	Intramuscular (IM) in the deltoid muscle for children ≥ 1 year of age with adequate muscle mass and adults. The vaccine **should not** be administered into the buttocks. Gently shake the pre-filled syringe to obtain a uniform cloudy suspension and ensure all air is expelled from the syringe prior to administration.

Dose Series	**Vaccine Name**	**Antigen(s)**	**Volume (mL)**	**Schedule (in months)** **(Months: 1st dose = month 0)**
For children ages 12 months to 18 years of age inclusive	Havrix® 720 Junior	720 ELISA units	0.5 mL	0, 6 to 12 months

For individuals 19 years of age or older	Havrix® 1440	1440 ELISA units	1.0 mL	0, 6 to 12 months
Booster Dose	Not Applicable			
Vaccine interchangeability	May be used interchangeably with Avaxim or Avaxim-Pediatric depending on the age. See Avaxim protocol for further information.			
Contraindications	History of anaphylaxis after previous administration of the product and in persons with proven immediate or anaphylactic hypersensitivity to any component of the product or its container. HA immunization should be postponed in persons with moderate or severe acute illness. Persons with minor acute illness (with or without fever) may be vaccinated.			
Precautions and Additional Notes	Infants < 12 months of age are not eligible to receive the HA vaccine. In a case of post-exposure prophylaxis for an infant, Immune Globulin may be indicated. Each case should be consulted with regional CDC. If the second dose of HA vaccine is missed, it can be given at any time without the need to restart the series.			
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.			
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.			
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.			
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.			
Side Effects	HA vaccine is well tolerated. Reactions are generally mild and transient, and are usually limited to soreness and redness at the injection site. Other less frequent reactions include headache, irritability, malaise, fever, fatigue and gastrointestinal symptoms.			
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272			
Vaccine Coverage and	Under development.			

Reporting	
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Hepatitis A Vaccine Fact Sheet
References	1. Havrix® Product Monograph. GlaxoSmithKiine Inc. October 15, 2008. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Fact Sheet
Hepatitis A Vaccine

What is Hepatitis A?
Hepatitis A is a viral disease that spreads from one infected person to another through the fecal-oral route. It can be passed directly from person to person, from contamination of the environment or objects, or through contaminated food or water. Proper hand washing will decrease the spread of Hepatitis A.

Hepatitis A can cause infection and damage to the liver. Sickness from Hepatitis A can be a mild illness lasting 1 to 2 weeks or a severely disabling disease lasting several months.

Who should receive the vaccine?
The Hepatitis A vaccine is not routinely offered in Nunavut. The exception is persons with Hepatitis C.

In a case where a person in Nunavut becomes sick with Hepatitis A, the following contacts may be recommended to have the vaccine:

- Household and close contacts
- Contacts in group child care centers and kindergartens
- Coworkers and clients of infected food handlers

The Hepatitis A vaccine is often recommended for travelers going to countries where there are high rates of Hepatitis A infection. Travelers are responsible for paying privately for their own Hepatitis A vaccines.

What are benefits of the vaccine?
It protects Nunavummiut from getting sick with Hepatitis A.

It protects the community and those most at risk of complications from infection.

Is the Hepatitis A vaccine safe?
Yes. The most common side effect is pain or redness at the needle site. This is a normal reaction to this vaccine and indicates that your body is making antibodies to these diseases. Other less frequent reactions include headache, irritability, malaise, fever, fatigue and stomach upset. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the Hepatitis A vaccine?
Tell your health care provider if you have had any of the following:
- Severe allergic reaction to a previous dose of a vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine.

What is the risk of not getting the Hepatitis A vaccine?
If you have been recommended to receive the Hepatitis A vaccine, it is because you are at increased risk of getting sick with Hepatitis A.

Hepatitis A Vaccine After Care
- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Feuille de renseignements

Vaccin contre l'hépatite A

Qu'est-ce que l'hépatite A ?

L'hépatite A est une maladie virale qui se transmet d'une personne infectée à une autre par voie oro-fécale. Elle peut être transmise directement de personne à personne, par la contamination de l'environnement immédiat ou des objets, ou par de la nourriture ou de l'eau contaminée. Le lavage adéquat des mains diminuera la diffusion de l'hépatite A.

L'hépatite A peut causer des infections et des dommages au foie. L'hépatite A peut engendrer une maladie bénigne d'une durée de 1 à 2 semaines ou une maladie grave et invalidante pouvant durer plusieurs mois.

Qui devrait recevoir le vaccin ?

Le vaccin de l'hépatite A n'est pas offert de manière systématique au Nunavut. À l'exception des personnes atteintes de l'hépatite C.

Dans les cas où une personne se trouvant au Nunavut se retrouve atteinte de l'hépatite A, il pourrait être recommandé aux personnes suivantes de recevoir le vaccin :

- Les gens résidents à la même adresse et l'entourage immédiat
- Les connaissances travaillant dans des services de garde ou des maternelles
- Les collègues de travail et les clients des préparateurs d'aliments pouvant être infectés

Le vaccin de l'hépatite A est souvent recommandé pour les voyageurs se rendant dans des pays où il y a des taux élevés d'infection à l'hépatite A. Les voyageurs doivent débourser le montant de leurs vaccins contre l'hépatite A.

Quels sont les avantages du vaccin ?

Il protège les Nunavummiut contre l'hépatite A.Il protège la communauté et ceux le plus à risque de développer des complications reliées à une infection causée par l'hépatite A.

Est-ce que le vaccin contre l'hépatite A est sécuritaire ?

Oui. L'effet secondaire le plus commun est une douleur ou une rougeur près du point d'injection. Il s'agit d'une réaction normale à ce vaccin et indique que votre corps fabrique des anticorps contre ces maladies. D'autres réactions moins fréquentes incluent le mal de tête, l'irritabilité, une sensation de malaise, la fièvre, la fatigue et des troubles d'estomac. Plusieurs personnes ne subissent aucun effet secondaire dû au vaccin.

Peu importe le vaccin, il y a toujours une très faible chance que se produise une réaction allergique grave appelée *anaphylaxie.* Les symptômes d'un choc anaphylactique sont l'urticaire, les éruptions, le gonflement/l'enflure de la bouche, de la difficulté à respirer. Ce type de réaction se produit habituellement dans un délai de 15 minutes à la suite de l'administration d'un vaccin. **Il est recommandé de demeurer à la clinique pendant 15 minutes à la suite de l'administration du vaccin**. L'anaphylaxie peut être traitée et tout professionnel de la santé est formé pour traiter ce genre de réaction.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin contre l'hépatite A ?

Mentionnez-le au professionnel de la santé si l'une des situations suivantes vous concerne :

- Vous avez déjà eu une réaction allergique grave suite à une dose précédente de ce vaccin. Les réactions graves incluent une respiration sifflante, des serrements de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient contenu dans le vaccin.

Quel est le risque lié au fait de ne pas recevoir le vaccin contre l'hépatite A ?

S'il vous a été recommandé de recevoir le vaccin de l'hépatite A, c'est parce que vous êtes plus à risque de développer une infection reliée à l'hépatite A.

Soins à apporter après l'administration du vaccin contre l'hépatite A

- Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Administrez à votre enfant la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort.
- Si vous ressentez quelque effet secondaire important que ce soit tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions, veuillez vous rendre à l'urgence de l'hôpital ou dans un centre de santé immédiatement.
- Si vous avez d'autres questions ou êtes inquiet par une réaction due au vaccin, consultez un professionnel de la santé.

Kangikhitjutikhaq

Hepatitis A Kapuutikhamut

Huna una Hepatitis A?

Hepatitis A hiamittaaktuq aanniarut atauhiqmit aanniarutikaktumit allamut inungmut talvuuna itikkut qanikkullu. Hiamittaaktuq atauhiqmit ingmit allamut inungmut, halumailrumit avatingni hunavalungniluuniit, nakuungikhimayunit niqinit imakmitluuniit. Ihuaqtumik algaknut uaqatarniq ikayuutauniaqtuq hiamitirnaittumut Hepatitis A-mik.

Hepatitis A nakuungirutauvaktuq tinugkmut. Aanniarut Hepatitis A-mit mikiyumik aanniarutautaaktuq hivituniani atauhiqmit malruknut havainiqni aanniarutikyuaqluuniit ayuqhautiqaqnaqhuni hivituniqaqhuni ikittuni tatqirhiutini.

Kitkut kapurhiktughauvat havautimik?

Una Hepatitis A-mut kapuutikhaq tuniyauyuitaat Nunavunmi. Pittaaqtangit kihimi ukuat inuit aanniarutikaktunut Hepatitis C-mik.

Inuk Nunavunmit aanniarutinikpat Hepatitis A-mik, ukuat inuqatigivagait kapukhiktughauyungnaqhiyut havautimik:

- Iglumiikatiit ilannaillu
- Inuqatiit havakvikni nutaqqiqivikmi ilihariaktulihaaktunullu
- Havakatigiyait ikayuqpagaillu tahapkuat aanniarutikaktut niqiliqiyiit

Una Hepatitis A-mut kapuutikhaq atuquyauvaktuq tingmivaktunut nunanut angiyumik aanniarutikaktunut Hepatitis A-mik. Tingmivaktut inmik akilikhiyughauyut uuminga Hepatitis A-mut kapuutikhat havautimik.

Hunat ikayuutikhariyait kapuutikhamut havautiqaqtumik?

Ikayuutigivagait Nunavunmiutat aanniarutiqaqtailinirmut Hepatitis A-mik.

Munarivagait nunallaamiutat tahapkuallu aanniartaaqtut ayuqhautikaklutiklu aanniarutimit.

Una Hepatitis A-mut kapuutikhaq qayangnaitpa?

Ihi. Aanniarutaulluaqpagaat uluriahukniq aupatjakniklu kapurhirviani. Taimaitpaktuq kapuutimit havautikaktumit naunaitkutarivlugutauk timit ikayuutikhaliuliktumik (antibodies) ukununga aanniarutinut. Aallat aanniarutit mikiyut ukuat niaquqliktuq, uumlguktaalikhutik, aanniarut (malaise), kitjakhutik, unagukhimalikhutik aqiaruklikhutiklu. Amihut inuit naunaktukangittut aanniarutinik kapuutimut.

Tamainnut kapuutinut, pitjutikhakalluangittuq angiyumik timimut nakuunngirutauyaaqtunut atiqaqtumik *anaphylaxis-mik.* Anaphylaxis naunaikpaktut kukuvalaktut, amiklukhutik, pivittutik qanikmi, anirhaalimaikhutik ayuqhalikhutik. Imaittut ihuirutit pivaktut 15 minutes-ni kapukhiraangata. **Munarhiqarvikmiittughauyutit 15 minutes-ni kapukhiruvit humiklikaak**. Anaphylaxis munariyauttaaqtuq munaqhigiyatit ayuiqhaqhimayullu ikayuriamingni.

Kitkut uqaqtughauvat munaqhimingnut kapukhiktinnatik Hepatitis A-mut kapuutikhamut havautimut?

Uqaqvigilugit munaqhit nutaqqat ukuninga pitjutikhaqaqqat ataani ittutut:

- Angiyumik ihuirutikpat kanga kapuutigiyaanut. Angiyut ihuirutigiyauvaktut ukuat anirhaagaangamik nivyaalikpiakhutik, hatqaq hukattutut ilivluni, iggiaq umiliktutut ilivluni anirhaalimailiktutullu ihilimaiktutullu ilivlutik.
- Timimut nakuunngirutauyaaqtunut hunamutlikaak ittumut kapuutauyami havautimik.

Hunat ayuqhautiginiaqtait kapukhirngitkumik uuminga Hepatitis A-mut kapuutikhamik havautiqaqtumik?

Pitquyauhimaguvit Hepatitis A-mut kapukhiktaukuvlutit havautilikmik, taimaa aanniarniarungnaqhigavit uuminga aanniarutimik Hepatitis A.

Hepatitis A-mut Kapukhiruiqhimalikata Munaritjutikhaq

- Kitjakyuaqnaittumik uluriahukpiaknaittumiklu, ukuninga havautituktaaqtutit Acetaminophen (Tylenol, Tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, havautituktitlugit naunaikhimayainut munaqhit havautit puunganitluuniit.
- Aspirin (ASA) **TUNIYAKHAUNGITTUQ** inungnut kimutlikaak ukiuqangittunut tikihimaittugu 20-nik ukiuni aanniarutinikniarungnaqhingmata uuminga Reye Syndrome, inuuhirmi taimaa kagitarliknaqmat tuqulutikluuniit.
- Ayuqhautiqaruvit aanniarutinut ukunatut puvitpat qaniq/umilruk, kukvalaq qiuqhiulikkataluuniit munaqhiliaktughat aanniarvikmulluuniit qilamiuqlutik.
- Apiqhuutiqaruvit,ihumaalukkuvitluuniit ihuirutikhamut havautimit kapuutikkut,uqaqvigilugu munaqhit.

ᓱᓕᓪᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃ-ᒧᑦ ᑲᐱᔾᐳᓂᕐᒧᑦ ᓱᓕᓪᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᑭᓲᒻᒪᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃ?

ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃ ᐋᓐᓂᐊᖑᔪᖅ ᐊᐃᑦᑐᕐᓗᑦᑕᐅᓖᖑᓪᓗᓂ ᐋᓐᓂᐊᕐᑲᖅᑐᒥᑦ ᐃᓄᒻᒥᑦ ᐊᓯᒥᓄᑦ ᐊᓇᕐᒥ-ᖃᓂᒃᑯᑦ. ᐊᐃᑦᑐᖅᑕᐅᔪᓐᓇᖅᑐᖅ ᐃᓄᒻᒥᑦ ᐃᓄᒻᒧᑦ, ᖁᐱᕐᓇᓯᒪᔪᒥᑦ ᐊᕕᑎᒻᒦᙵᖅᑐᒥᑦ ᐱᕐᑯᑎᓂᕈᓐᓃᑦ, ᐅᕙᓗᓐᓃᑦ ᖁᐱᕐᓇᓯᒪᔪᓂᒃ ᓂᕿᓂ ᐃᒥᕐᒥᕈᓐᓃᑦ. ᐊᒡᒐᓂᒃ ᐅᐊᓴᐃᕌᐊᕐᑲᑦᑕᕐᓗᓂ ᐊᐃᑦᑐᕐᓗᑎᕋᙱᓐᓂᖅᓴᐅᓂᐊᖅᑐᖅ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃ-ᒥᑦ.

ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃ ᐋᓐᓂᐊᖅᑖᖅᑎᕋᔪᓐᓇᖅᑐᖅ ᐊᒻᒪ ᓱᕋᑎᓗᓂ ᑎᖑᒻᒥᑦ. ᖃᓂᒪᓐᓂᖅ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃ-ᒧᑦ ᓴᙳᑦᑑᔪᓐᓇᖅᑐᖅ ᐊᑕᐅᓯᕐᒥ ᒪᕐᕉᓐᓄᑦ ᐱᓇᓱᐊᕈᓯᕐᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐱᒡᒐᓕᕈᑕᐅᔪᓐᓇᒻᒪᕆᑦᑐᖅ ᐋᓐᓂᐊᖑᓗᓂ ᑕᖅᑭᒐᓚᓐᓄᑦ.

ᑭᓇ ᑲᐱᔾᐳᒥᐊᖅᑲᖅᐸ ᐋᓐᓂᐊᓕᓃᒃᑯᑎᒧᑦ?

ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃ-ᒧᑦ ᑲᐳᑎ ᐊᑐᐃᓐᓇᐅᓚᔪᙱᑦᑐᖅ ᑲᐱᓯᓂᐅᕙᑦᑐᒧᑦ ᓄᓇᕗᒻᒥ. ᑕᐃᒃᑯᐊ ᑎᖑᓪᓗᓐᓇᖅ ᓲ-ᖃᖅᑐᑦ ᑲᐱᔾᐳᓲᖑᓪᓗᑎ.

ᑭᓇᑐᐃᓐᓇᖅ ᓄᓇᕗᒻᒥ ᐋᓐᓂᐊᓕᕐᓂᖅᑲᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃᒧᑦ, ᖃᓂᒋᔭᖓᓂ ᐊᑦᑐᖅᑕᐅᓯᒪᔪᑦ ᑲᐱᔾᐳᕐᑯᔾᐳᑐᐃᓐᓇᓇᐊᓖᑦ:

- ᐃᓪᓗᒥᐅᖃᑎᖏᑦ ᖃᓂᒋᖃᑦᑕᓚᐅᖅᑕᖏᓪᓗ
- ᖃᓂᒋᓚᐅᖅᑕᖏᑦ ᐸᐃᓇᕖᒥ ᐊᒻᒪ ᐃᓕᓐᓂᐊᓕᓴᖅᑐᓂᑦ
- ᐃᖅᑲᓇᐃᔾᖃᑏᑦ ᐊᒻᒪ ᐱᔨᑦᑎᖅᑕᐅᔪᑦ ᐋᓐᓂᐊᖃᖅᑐᑦ ᓂᕿᓕᕆᔩᑦ

ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃᒧᑦ ᑲᐱᔾᐳᕐᑯᔾᐳᒪᔪᒃᑐᑦ ᐊᐅᓪᓚᕐᓂᐊᖅᑐᑦ ᓄᓇᓕᕐᔪᐊᕐᓄᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐅ-ᖃᕐᔪᐊᖅᑐᓄᑦ. ᐊᐅᓪᓚᖅᑏᑦ ᐃᒻᒥᓂ ᐊᑭᑖᒥᐊᖅᑲᖅᑐᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃ ᐋᓐᓂᐊᓕᓃᒃᑯᑎᓄᑦ.

ᐋᓐᓂᐊᓕᓃᒃᑯᑎ ᖃᓄᖅ ᐃᑲᔫᑎᖃᕐᒪᑦ?

ᓴᐳᔾᔨᓲᖑᒻᒪᑦ ᓄᓇᕗᒻᒥᐅᓂᑦ ᐋᓐᓂᐊᖅᑖᖅᑕᐃᓕᒪᓂᕐᒥᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃᒥᑦ.

ᓄᓇᓕᒻᒥ ᓴᐳᔾᔨᓲᖑᓪᓗᓂ ᑕᐃᒃᑯᐊᓗ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓂᖅᓴᐅᔪᑦ ᐋᓐᓂᐊᖅᑖᕐᓂᖅᐸᑕ.

ᑎᖑᓪᓗᓐᓇᖅ ᐊᐅᒧᑦ ᑲᐳᑎ ᐋᓐᓂᐊᓕᓃᒃᑯᑎ ᐊᑦᑕᕐᓇᙱᓚ?

ᐄ. ᖃᓄᐃᑕᐅᓚᔪᓐᓂᖅᐹᖑᔪᖅ ᑲᐱᔾᐳᕋᑖᕐᓂᑰᓗᓂ ᒪᐃᓪᓗᓂ ᐊᐅᐸᕐᓂᐅᓪᓗᓂᓘᓐᓃᑦ ᑲᐱᔾᐳᕝᕙᖓ. ᑕᒪᓇ ᑕᐃᒪᐃᒥᐊᖅᑲᖅᑐᖅ ᓇᓗᓇᐃᖅᓯᒪᒻᒪᑦ ᑎᑖᑦ ᒪᒥᓴᐅᑎᓕᐅᖅᑐᖅ ᑖᒃᑯᓄᖓ ᐋᓐᓂᐊᓄᑦ. ᐊᓯᖏᑦ ᖃᓄᐃᑕᐅᓲᖑᒥᔪᑦ ᑕᐃᒪᐃᓚᔪᙱᓐᓂᖅᓴᐅᓪᓗᑎ ᐅᑯᐊᖑᔪᑦ ᓂᐊᕐᑯᙳᓂᖅ, ᐸᕚᒍᓱᓐᓂᖅ, ᓇᓗᓇᖅᑐᒥ ᐊᑲᐅᑦᑎᐊᙱᓐᓂᖅ, ᐆᑎᕐᓇᕐᓂᖅ, ᑦᑲᓯᒪᓂᖅ ᐊᒻᒪ ᓈᙳᓂᖅ. ᐃᓄᒋᐊᓱᑦ ᖃᓄᐃᔾᔪᑎᖃᙱᑦᑐᑦ ᑲᐳᑎᒧᑦ.

ᑲᐳᑎᓕᒫᓄᑦ, ᐃᑖᓐᓂᓚᐅᓱᙵᓗᒃ ᓈᒪᒃᓴᖅᑐᖃᙱᑦᑐᒪᓇᐅᔭᓐᓇᖅᑐᖅ ᑕᐃᔾᐅᓱᖑᓪᓗᓂ ᓈᒪᒃᓴᙱᖅᔪᐊᕐᓂᖅ. ᓈᒪᒃᓴᙱᖅᔪᐊᕐᓗᓂ ᓴᖅᑭᓱᖅ ᐱᖑᔾᐅᓗᓂ, ᐊᒥᕐᔫᓗᓂ, ᖃᓂᒃᑯᑦ ᐳᓪᓕᕐᓂᖅᑲᕐᓗᓂ, ᐊᓂᖅᓵᖅᑐᑦᑎᐊᕈᓇᙱᓪᓗᓂ. ᑕᐃᒪᐃᖅᑲᑦᑕᖅᑐᑦ ᑕᐃᒪᐃᓚᔫᑦ ᐃᑲᕐᕿᐅᑉ ᓇᑉᐸᖓᑕ ᓇᑉᐸᒃᑲᓂᖓᓂ 15 ᒥᓂᑦᓯᓂ ᐊᓂᒍᓚᐅᙱᓐᓂᙱᓐᓂ ᑲᐱᔾᐳᓯᒪᓕᖅᑐᓂ. **ᐅᑕᖅᑭᒋᐊᖅᑲᖅᐳᑎᑦ 15 ᒥᓂᑦᓯᓄᑦ ᖃᓄᐃᑦᑐᐃᓐᓇᕐᒧᑦ ᐋᓐᓂᐊᓕᓃᒃᑯᓯᖅᑕᐅᒍᕕᑦ ᑲᐳᑎᒧᑦ.** ᓈᒪᒃᓴᙱᕐᔪᐊᕐᓂᖅ ᑲᒪᒋᔾᔪᔭᐅᔪᓐᓇᖅᑐᖅ ᐋᓐᓂᐊᓕᓇᔾᐅᔪᖅ ᐃᓕᓐᓂᐊᖅᓯᒪᑦᑎᐊᖅᑐᖅ ᑲᒪᑦᑎᐊᓂᕐᒥᑦ.

ᑭᓇ ᐅᖃᖃᑎᖃᕆᐊᖅᑲᖅᐸ ᐋᓐᓂᐊᓕᕆᔾᔨᒥᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃᒧᑦ ᑲᐱᔾᐳᓚᐅᙱᓐᓂᓐᖏᓂ?

ᐋᓐᓂᐊᓕᕆᔩᑦ ᐅᖃᐅᑎᓗᒍ ᓇᓕᐊᓐᓂᑐᐃᓐᓇᖅ ᐊᑐᕐᓂᑰᒍᕕᑦ:

- ᑎᑏᑦ ᓈᒪᒃᓴᕐᔭᐊᓚᐅᙱᑉᐸᑦ ᑭᖑᓂᖓᓂ ᑲᐳᑎᒧᑦ. ᓈᒪᒃᓴᙱᕐᔪᐊᕐᓂᖅ ᐃᓚᖃᖅᑐᖅ ᑐᓴᖅᓵᓪᓚᓇᓪᒥ ᐊᓂᖅᑎᓇᓗᓂ, ᐃᒡᒋᐊᒃᑯᑦ ᓱᒥᑦᓯᒪᔮ̈ᔭᕐᓂᖅ ᐊᒻᒪ ᐊᓂᖅᓵᖅᑐᑦᓯᐊᕈᓇᙱᓐᓂᖅ ᐃᓱᑦᓯᐊᕈᓇᙱᓐᓂᕐᒧᓐᓃᑦ.
- ᑲᐳᑎᐅᑉ ᐃᒪᖓᑕ ᐃᓚᒃᓴᖓᓂ ᓈᒪᒃᓴᙱᓐᓂᖅ.

ᑭᓱ ᐊᑦᑕᕐᓇᕈᑕᐅᒻᒪᑦ ᑲᐱᔾᐳᙱᒃᑯᒪ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐅ ᐋᓐᓂᐊᓕᓃᒃᑯᑎᒧᑦ?

ᐅᖁᐅᔾᔨᐅᓯᒪᒍᕕᑦ ᑲᐱᔾᐳᒥᐊᖅᑲᕐᓂᕐᓄᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐅ ᐋᓐᓂᐊᓕᓃᒃᑯᑎᖕᒐᓄᑦ, ᑕᐃᒪᐃᑦᑐᖅ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓂᖅᓴᐅᒐᕕᑦ ᖃᓂᒪᓂᕐᒧᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐊᐃᒧᑦ.

ᑎᖑᓪᓗᓐᓇᖅ ᐊᐅ ᐋᓐᓂᐊᓕᓃᒃᑯᑎᒧᑦ ᑲᐱᔾᐳᓯᒪᓕᖅᑐᓂ ᑲᒪᑦᑎᐊᕐᓂᖅ
• ᐆᑎᕐᓇᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᑦ ᐊᒻᒪ ᐋᓐᓂᐊᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᑦ ᒪᐃᓗᐊᖅᑕᐃᓕᒪᓂᕐᒨᓪᓗᓐᓃᑦ, ᐋᓐᓂᐊᕐᓇᙱᑦᑐᒥᑦ ᐆᑎᕐᓇᔾᔭᐃᑯᑎᒥᑦ ᐄᓱᓗᑎᑦ (ᑕᐃᓕᓈ (ᓂᐊᕐᑯᖅᓯᐅᑎ), ᑕᐟᐳᕋ (ᐆᑎᕐᓇᖅᑐᖅᓯᐅᑎ) ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᕐᓇᙱᑦᑐᒥᑦ ᐳᓪᓕᕐᓇᙱᑦᑐᒥᑦ (ᐋᑉᕕᐅᓪ, ᒨᑦᕆᓐ). ᓱᕈᓯᕐᓄᑦ, ᐋᓐᓂᐊᓕᕆᔨᐅᑉ ᖃᓄᑎᒋ ᐋᓯᖁᐸᒍ ᒪᓕᑦᑎᐊᕐᓗᒍ ᐅᕝᕙᓘᓐᓃᑦ ᐆᙵᓂ ᑎᑎᕋᖅᓯᒪᔪᖅ ᒪᓕᑦᑎᐊᕐᓗᒍ.
• ᐋᔾᐳᓇᓐ **ᑐᓂᔾᔨᙱᓪᓗᓂ** ᑭᓇᑐᐃᓐᓇᕐᒧᑦ 20 ᑐᖅᑰᓂ ᐅᑭᐅᓕᒻᒧᑦ ᐊᑦᑕᕐᓇᕐᓂᖓ ᕋᐃᔅ ᐋᓐᓂᐊᕈᑕᐅᓂᕋᖅᑐᖅ ᐱᔾᔪᑕᐅᓗᓂ, ᖃᕋᓴᕐᒧᑦ ᐱᐅᔪᓐᓃᕈᑕᐅᔪᓇᕐᒪᑦ ᑐᕐᑯᔾᔪᑕᐅᓗᓂᓗ.
• ᖃᓄᐃᓕᔾᔪᑎᖃᓪᓚᓇᒃᑯᕕᑦ ᓱᕐᓗ ᖃᓂᒃᑯᑦ/ᖃᖓᓯᓈᒃᑯᑦ, ᐱᖑᔭᓐᓂᖅ ᐅᕝᕙᓘᓐᓃᑦ ᕿᖅᓱᓕᕈᕕᑦ ᑐᐊᕕᕐᓇᖅᑐᒃᑯᕕᓕᐊᕐᓗᑎᑦ ᐋᓐᓂᐊᕕᓕᐊᑲᐅᑎᒋᓗᑎᓘᓐᓃᑦ.
• ᐊᐱᖅᑯᑎᖃᕈᕕᑦ, ᐃᓱᒫᓘᑎᖃᕈᕕᓪᓘᓐᓃᑦ ᖃᓄᐃᓕᕈᑕᐅᔪᒥᑦ ᑲᐳᑎᒧᑦ, ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᐅᖃᖃᑎᖃᕐᓗᑎᑦ.

Immunization Protocol for Engerix®-B

Hepatitis B (HB)

Purpose	To provide information and guidance for the use of Hepatitis B (HB) immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To prevent infection of Hepatitis B in children and high-risk populations in Nunavut.
Indication	Nunavut's publicly funded program is available to all infants as part of their primary series. It is also available to adults considered to be at high risk of contracting Hepatitis B Virus (HBV).
Eligibility	This publicly funded vaccine is offered to all infants and any unimmunized or incompletely immunized children in Nunavut. HB vaccine is also publicly funded for the following recommended recipients at increased risk in Nunavut**:** • **In Pre-exposure Prevention** o Those who have unprotected sex with new partners or have had more than one sexual partner in the previous 6 months, those with a history of sexually transmitted infections (STI), and persons attending an STI clinic or who otherwise engage in risky sexual practices. o Health care workers o Paramedics and first responders (including police and fire fighters) o Clients and staff of institutions where there is risk of exposure to blood or blood products through sharps injury, bites, or penetrating injuries (ie. corrections facilities, institutions for developmentally challenged). o Intravenous (IV) drug users o Sex trade workers o Men who have sex with men o HIV infected persons o Individuals with chronic liver disease from any cause o Individuals with kidney disease* o Individuals with congenital or acquired immunodeficiencies* o Individuals with Hepatitis C HB vaccine may be recommended, but is not publically funded for the following groups: o Travelers to Hepatitis B endemic areas • **In Post-exposure Prophylaxis**** o Non-immune individuals that have had percutaneous or mucosal exposure to blood or body fluids potentially containing HBV. o Non-immune sexual or household contacts of an acute case or chronic carrier of HBV. o Infants born to a mother with acute or chronic HB infection. * These cases should be reviewed with regional CDC ** Hepatitis B Immune Globulin (HBIg) may also be indicated in these cases. Please refer to HBIg protocol and discuss each case with regional CDC.

Product	Engerix®-B		
Vaccine Type	Inactivated vaccine		
Vaccine components	Purified Hepatitis B surface antigen (Thimerosal free) Aluminum hydroxide, yeast protein, sodium phosphate, sodium chloride, sodium acid phosphate,polysorbate 20		
Formats available	0.5mL vial containing 10 µg of antigen protein (pediatric presentation) 1.0 mL vial containing 20 µg of antigen protein (adult presentation)		
Manufacturer	GlaxoSmithKline Inc.		
Administration	Intramuscular (IM) in the anterolateral thigh (vastus lateralis) in infants < 1 year of age and in the deltoid muscle for children ≥ 1 year of age with adequate muscle mass and adults. The vaccine **should not** be administered into the buttocks. Gently shake the vial well to obtain a slightly opaque white suspension prior to administration.		
Dose Series	**Recipients**	**Volume**	**Schedule (in months)** **(Months: 1st dose = month 0)**
	Infants <1 year of age born of HBV negative mothers	**0.5mL**	Birth, 1, and 9 months of age (NU schedule)
	Infants of HBV positive mothers *also see Special Instructions	**0.5mL**	Birth, 1, 6 *First dose must be given within 12 hours of birth
	Children > 1 year of age to ≤ 19 years old	0.5mL	0, 1, 6
	Eligible adults ≥ 20 years of age (see eligibility below)	1.0mL	0, 1, 6
	All Nunavummiut undergoing dialysis, with chronic renal failure and/or those immuno-compromised.	*	*RCDC should be consulted in these special cases
Booster Dose	Routine booster vaccinations are not recommended. Protection and immune memory persist for many years. Exceptions to this standard may include healthcare workers, immunocompromised persons and those with a blood and body fluid exposure. Discuss with RCDC.		
Vaccine interchangeability	Engerix-B and Recombivax HB are interchangeable, **and dosing with these products is now the same.** For dosing information for the Recombivax HB vaccine, refer to Hepatitis B (HB) Immunization Protocol for Recombivax HB.		
Contraindications	• Previous anaphylactic reaction to HB vaccine. • Severe febrile infection.		
	• Known hypersensitivity to any component of the vaccine or its container (see Vaccine Composition section above).		

Precautions and Additional Notes	In addition to the HB vaccine, infants born of HBV positive mothers also require the Hepatitis B immune globulin (HBIg). **Both vaccines must be given within 12 hours of birth.** Infants born of HBV negative mothers must weigh >2000g to receive the HB vaccine. If a dose has been given in error, disregard this initial dose and restart the series when the infant weighs over 2000g or is discharged from the hospital (which ever happens first). Infants weighing <2000g born of HBV positive mothers must receive HBIg and the appropriate dose of HB vaccine within 12 hours of birth. These infants will require a specialized schedule. Refer to the Canadian Immunization Guide or contact your regional CDC for scheduling guidelines. These infants should be tested for HBsAg and anti-HBs 4 weeks after completion of the vaccine series to assess success of immunoprophylaxis. **See Hepatitis B Immune Globulin (HBIg) protocol for further details.** If the schedule is interrupted, the vaccine series does not need to be restarted. For specific information on catch up, refer to the Nunavut Catch-Up Schedule.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in: Anaphylaxis: Initial Management in Non-Hospital Settings, in the Canadian Immunization Guide.
Side Effects	HB vaccine is generally well tolerated, with reported side effects being mild and short in duration. Side effects are generally limited to pain at the site of injection and low-grade fever. Anaphylaxis is rare, but may occur.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Hepatitis B Vaccine Fact Sheet
References	1. ENGERIX®-B Product Monograph. GlaxoSmithKline Inc. Oct. 19, 2015 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for Recombivax HB®

Hepatitis B (Hb)

Purpose	To provide information and guidance for the use of Hepatitis B (HB) immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To prevent infection of Hepatitis B in children and high-risk populations in Nunavut.
Indication	Nunavut's publicly funded program is available to all infants as part of their primary series. It is also available to adults considered to be at high risk of contracting Hepatitis B Virus (HBV).
Eligibility	This publicly funded vaccine is offered to all infants and any unimmunized or incompletely immunized children in Nunavut. HB vaccine is also publicly funded for the following recommended recipients at increased risk in Nunavut**:** • **In Pre-exposure Prevention** o Those who have unprotected sex with new partners or have had more than one sexual partner in the previous 6 months, those with a history of sexually transmitted infections (STI), and persons attending an STI clinic or who otherwise engage in risky sexual practices. o Health care workers o Paramedics and first responders (including police and fire fighters) o Clients and staff of institutions where there is risk of exposure to blood or blood products through sharps injury, bites, or penetrating injuries (ie. corrections facilities, institutions for developmentally challenged). o Intravenous (IV) drug users o Sex trade workers o Men who have sex with men o HIV infected persons o Individuals with chronic liver disease from any cause o Individuals with kidney disease* o Individuals with congenital or acquired immunodeficiencies* o Individuals with Hepatitis C HB vaccine may be recommended, but is not publically funded for the following groups: o Travelers to Hepatitis B endemic areas • **In Post-exposure Prophylaxis**** o Non-immune individuals that have had percutaneous or mucosal exposure to blood or body fluids potentially containing HBV. o Non-immune sexual or household contacts of an acute case or chronic carrier of HBV. o Infants born to a mother with acute or chronic HB infection. * These cases should be reviewed with RCDC ** Hepatitis B Immune Globulin (HBIg) may also be indicated in these cases. Please refer to HBIg protocol and discuss each case with regional CDC.

Product	Recombivax HB®		
Vaccine Type	Inactivated vaccine		
Vaccine components	Purified Hepatitis B surface antigen (Thimerosal free) Amorphous aluminum hydroxyphosphate, sodium chloride, sodium borate, water for injection, trace yeast protein, trace formaldehyde. * The vial stopper contains latex. If an individual has a latex allergy, Engerix-B should be used instead.		
Formats available	0.5mL vial containing 5 µg of antigen protein (pediatric presentation) 1.0 mL vial containing 10 µg of antigen protein (adult presentation)		
Manufacturer	Merck Canada Inc.		
Administration	Intramuscular (IM) in the anterolateral thigh (vastus lateralis) in infants < 1 year of age and in the deltoid muscle for children ≥ 1 year of age with adequate muscle mass and adults. The vaccine **should not** be administered into the buttocks. Gently shake the vial well to obtain a slightly opaque white suspension prior to administration.		
Dose Series	**Recipients**	**Volume**	**Schedule (in months)** **(Months: 1st dose = month 0)**
	Infants <1 year of age born of HBV negative mothers	**0.5mL**	Birth, 1, and 9 months of age (NU schedule)
	Infants of HBV positive mothers *also see Special Instructions	**0.5mL**	Birth, 1, 6 *First dose must be given within 12 hours of birth
	Children > 1 year of age and < 11 years of age	0.5mL	0, 1, 6
	Children 11 to ≤ 19 years of age (inclusive)	0.5mL	0, 1, 6
	Eligible adults ≥ 20 years of age (see eligibility above)	1.0mL	0, 1, 6
	All Nunavummiut undergoing dialysis, with chronic renal failure and/or those immuno-compromised.	*	*RCDC should be consulted in these special cases
Booster Dose	Routine booster vaccinations are not recommended. Protection and immune memory persist for many years. Exceptions to this standard may include healthcare workers, immunocompromised persons, and those with a blood and body fluid exposure. Discuss with RCDC.		
Vaccine interchangeability	Recombivax HB and Engerix-B are interchangable, **and dosing with these products is now the same**. For information for the Engerix-B vaccine, refer to Hepatitis B (HB) Immunization Protocol for Engerix-B.		

Contraindications	• Previous anaphylactic reaction to HB vaccine. • Severe febrile infection. • Known hypersensitivity to any component of the vaccine or its container (see Vaccine Composition section above).
Precautions and Additional Notes	In addition to the HB vaccine, infants born of HBV positive mothers also require the Hepatitis B immune globulin (HBIg). **Both vaccines must be given within 12 hours of birth.** Infants born of HBV negative mothers must weigh >2000g to receive the HB vaccine. If a dose has been given in error, disregard this initial dose and restart the series when the infant weighs over 2000g or is discharged from the hospital (which ever happens first). Infants weighing <2000g born of HBV positive mothers must receive HBIg and the appropriate dose of HB vaccine within 12 hours of birth. These infants will require a specialized schedule. Refer to the Canadian Immunization Guide or regional CDC for scheduling guidelines. These infants should be tested for HBsAg and anti-HBs 4 weeks after completion of the vaccine series to assess success of immunoprophylaxis. See Hepatitis B Immune Globulin (HBIg) protocol for further details. If the schedule is interrupted, the vaccine series does not need to be restarted. For specific information on catch up, refer to the Nunavut Catch-Up Schedule. The National Advisory Committee on Immunization (NACI) is now recommending the provision of a full dose (0.5ml / 5 microgram) to all children of HB-negative mothers who are less than 11 years of age. Infants and children less than 11 years of age who were immunized with a complete series using the previously recommended 0.25mL dosage do not require revaccination.
Vaccine Supply and Distribution	Review section on vaccine ordering in the policy and procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in: Anaphylaxis: Initial Management in Non-Hospital Settings, in the Canadian Immunization Guide.
Side Effects	HB vaccine is generally well tolerated, with reported side effects being mild and short in duration. Side effects are generally limited to pain at the site of injection and low-grade fever. Anaphylaxis is rare, but may occur.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal

	immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Hepatitis B Vaccine Fact Sheet
References	1. Recombivax HB® Product Monograph. Merck Canada Inc. May 15, 2012. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Fact Sheet
Hepatitis B Vaccine

What Hepatitis B?
Hepatitis B is a viral disease that spreads from one infected person to another through blood and body fluids. It can be passed through unprotected sexual activity, sharing injection drug equipment, household contact, and from an infected mother to her baby. It can cause infection and damage to the liver, and is the main cause of liver cancer.

Who should receive the vaccine?
The vaccine series of three doses is routinely given to all infants at birth, 1, and 9 months of age.

The series is also given to all children who have not already had the vaccine, as well as adults who are considered at high risk of getting Hepatitis B. Talk to your health care provider if you have not previously had the Hepatitis B vaccine.

What are benefits of the vaccine?
It protects Nunavummiut from getting sick with Hepatitis B.

It protects the community and those most at risk of complications from infection.

It decreases the risk of liver cancer.

Is the Hepatitis B vaccine safe?

Yes. The most common side effect is fever, headache, or irritability. This is a normal reaction to this vaccine and indicates that your body is making antibodies to these diseases. There may also be some redness and pain at the needle site. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the Hepatitis B vaccine?

Tell your health care provider if you have had any of the following:

- Severe allergic reaction to a previous dose of a vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine.

What is the risk of not getting the Hepatitis B vaccine?

Hepatitis B still exists in Canada and throughout the world. Without the recommended vaccine you are at risk of getting this disease.

Hepatitis B Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Feuille de renseignements

Vaccin contre l'hépatite B

Qu'est-ce que l'hépatite B ?

L'hépatite B est une maladie virale qui se transmet d'une personne infectée à une autre par le sang et les fluides du corps. Elle peut être transmise par des rapports sexuels non protégés, le partage du matériel d'injection de drogues, les contacts avec les proches et par une mère infectée à son bébé. L'hépatite B peut causer une infection et des dommages au foie et constitue la principale cause du cancer du foie.

Qui devrait recevoir le vaccin ?

Une série de vaccins de trois doses est administrée systématiquement à tous les enfants à leur naissance, à 1 mois, puis à 9 mois.

La série est également administrée à tous les enfants qui n'ont pas déjà eu le vaccin, aussi bien qu'aux adultes qui sont considérés à haut risque de contracter l'hépatite B. Parlez-en à un professionnel de la santé si vous n'avez pas déjà reçu le vaccin contre l'hépatite B.

Quels sont les avantages du vaccin ?

Il protège les Nunavummiut contre l'hépatite B.

Il protège la communauté et ceux le plus à risque de développer des complications reliées à une infection causée par l'hépatite A.

Il diminue les risques de cancer du foie.

Est-ce que le vaccin contre l'hépatite B est sécuritaire ?

Oui. Les effets secondaires les plus communs sont la fièvre, les maux de tête ou l'irritabilité. Il s'agit d'une réaction normale à ce vaccin et indique que votre corps fabrique des anticorps contre ces maladies. Il peut également y avoir un peu de rougeur et de douleur près du point d'injection. Plusieurs personnes ne subissent aucun effet secondaire dû au vaccin.

Peu importe le vaccin, il y a toujours une très faible chance que se produise une réaction allergique grave appelée *anaphylaxie*. Les symptômes d'un choc anaphylactique sont l'urticaire, les éruptions, le gonflement/l'enflure de la bouche, de la difficulté à respirer. Ce type de réaction se produit habituellement dans un délai de 15 minutes à la suite de l'administration d'un vaccin. **Il est recommandé de demeurer à la clinique pendant 15 minutes à la suite de l'administration du vaccin**. L'anaphylaxie peut être traitée et tout professionnel de la santé est formé pour traiter ce genre de réaction.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin contre l'hépatite B ?

Mentionnez-le au professionnel de la santé si l'une des situations suivantes vous concerne :

- Vous avez déjà eu une réaction allergique grave suite à une dose précédente de ce vaccin. Les réactions graves incluent une respiration sifflante, des serrements de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient contenu dans le vaccin.

Quel est le risque lié au fait de ne pas recevoir le vaccin contre l'hépatite B ?

L'hépatite B est toujours présente au Canada et ailleurs dans le monde. Sans ce vaccin recommandé, vous êtes à risque de contracter cette maladie.

Soins à apporter après l'administration du vaccin contre l'hépatite B

- Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Administrez à votre enfant la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort.
- Si vous ressentez quelque effet secondaire important que ce soit tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions, veuillez vous rendre à l'urgence de l'hôpital ou dans un centre de santé immédiatement.
- Si vous avez d'autres questions ou êtes inquiet par une réaction due au vaccin, consultez un professionnel de la santé.

Kangikhitjutikhaq

Hepatitis B Kapuutikhamut

Huna una Hepatitis B?

Hepatitis A hiamittaaktuq aanniarut atauhiqmit aanniarutikaktumit allamut inungmut talvuuna aungmit timiup imaitigullu. Hiamittaaktuq aannairtailitjutinut atungittunut nuliaktunut, atukatigiikhutik angayaaqnaqtunut atuqpagainut hunavaluit, iglumiutami hunavaluit kahaknirmut, unalu aanniarutikaktumit amaamamit mirraanganut. Aanniarutiqaqnaqtuq ihuirutigilugulu tingukmut, pitjutaulluaqhunilu tingukmi kaansanut.

Kitkut kapurhiktughauvat havautimik?

Allatqiit kapuutikhat havautilgit pingahunik piyakhat tunivagait tamainnut mirraanut inuugaangata, atauhiqmi unalu 9-mi tatqirhiutini ukiunginni.

Tahapkuallu tunivagait nutaqqanut kapukhirhimaittunut huli, ukuatlu inirniit aanniarutiqaqniarungnaqhiyunut Hepatitis B-mik. Uqaqvigilugu munaqhingnut kapukhirhimaitguvit kangannuaq Hepatitis B-mut kapuutikhamut havautilikmik.

Hunat ikayuutikhariyait kapuutikhamut havautiqaqtumik?

Ikayuutigivagait Nunavunmiutat aanniarutiqaqtailinirmut Hepatitis B-mik.

Munarivagait nunallaamiutat tahapkuallu aanniartaaqtut ayuqhautikaklutiklu aanniarutimit.

Mikhilaarutauyuq tingukmi kaansaniknirmut.

Una Hepatitis A-mut kapuutikhaq qayangnaitpa?

Ihi. Aanniarutaulluaqpagaat kitjakniq, niaquqlikhutik, uumlguktaalikhutikluuniit. Taimaitpaktuq kapuutimit havautikaktumit naunaitkutarivlugutauk timit ikayuutikhaliuliktumik (antibodies) ukununga aanniarutinut. Aupatjakniarungnaqhiyuk ulurianaqhilunilu kapukhirviani. Amihut inuit aanniayuittut kapuutimit havautikaktumit.

Tamainnut kapuutinut, pitjutikhakalluangittuq angiyumik timimut nakuunngirutauyaaqtunut atiqaqtumik *anaphylaxis-mik.* Anaphylaxis naunaikpaktut kukuvalaktut, amiklukhutik, pivittutik qanikmi, anirhaalimaikhutik ayuqhalikhutik. Imaittut ihuirutit pivaktut 15 minutes-ni kapukhiraangata. **Munarhiqarvikmiittughauyutit 15 minutes-ni kapukhiruvit humiklikaak**. Anaphylaxis munariyauttaaqtuq munaqhigiyatit ayuiqhaqhimayullu ikayuriamingni.

Kitkut uqaqtughauvat munaqhimingnut kapukhiktinnatik Hepatitis B-mut kapuutikhamut havautimut?

Uqaqvigilugit munaqhit nutaqqat ukuninga pitjutikhaqaqqat ataani ittutut:

- Angiyumik ihuirutikpat kanga kapuutigiyaanut. Angiyut ihuirutigiyauvaktut ukuat anirhaagaangamik nivyaalikpiakhutik, hatqaq hukattutut ilivluni, iggiaq umiliktutut ilivluni anirhaalimailiktutullu ihilimaiktutullu ilivlutik.
    - Timimut nakuunngirutauyaaqtunut hunamutlikaak ittumut kapuutauyami havautimik.

Hunat ayuqhautiginiaqtait kapukhirngitkumik uuminga Hepatitis B-mut kapuutikhamik havautiqaqtumik?

Hepatitis B tadja ittuq Kanatami nunakyuamilu. Pingitkungni kapuutikhak havautilikmik pitquyauhimayuq taimaa aanniarniarungnaqhigavit uuminga aanniarutimik.

Hepatitis B -mut Kapukhiruiqhimalikata Munaritjutikhaq

- Kitjakyuaqnaittumik uluriahukpiaknaittumiklu, ukuninga havautituktaaqtutit Acetaminophen (Tylenol, Tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, havautituktitlugit naunaikhimayainut munaqhit havautit puunganitluuniit.
- **TUNIYAKHAUNGITTUQ** inungnut kimutlikaak ukiuqangittunut tikihimaittugu 20-nik ukiuni aanniarutinikniarungnaqhingmata uuminga Reye Syndrome, inuuhirmi taimaa kagitarliknaqmat tuqulutikluuniit.
- Ayuqhautiqaruvit aanniarutinut ukunatut puvitpat qaniq/umilruk, kukvalaq qiuqhiulikkataluuniit munaqhiliaktughat aanniarvikmulluuniit qilamiuqlutik.
- Apiqhuutiqaruvit,ihumaalukkuvitluuniit ihuirutikhamut havautimit kapuutikkut,uqaqvigilugu munaqhit.

ᓱᓕᓪᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᑎᖑᓪᓗᓐᓇᖅ ᐲ-ᒧᑦ ᑲᐱᔭᐅᓂᕐᒧᑦ ᓱᓕᓪᓗᑎᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᑭᓲᒻᒪᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐲ?

ᑎᖑᓪᓗᓐᓇᖅ ᐲ ᐋᓐᓂᐊᖑᔪᖅ ᐊᐃᑦᑐᕐᓗᑦᑕᐅᓲᖑᓪᓗᓂ ᐋᓐᓂᐊᖃᖅᑐᒥᑦ ᐃᓄᒻᒥᑦ ᐊᓯᒥᓄᑦ ᐊᐅᒃᑯᑦ ᑎᒥᐅᑉ ᐃᑦᑎᖓᒍᓪᓗ. ᐊᐃᑦᑐᖅᑕᐅᔪᓐᓇᖅᑐᖅ ᓴᐳᔾᔭᐅᓯᒪᙱᑦᑐᓂ ᓄᓕᐊᕐᓂᒃᑯᑦ, ᐊᑐᖃᑎᖃᕐᓗᓂ ᑲᐳᑎᓂᒃ ᐋᖓᔾᔭᕐᓇᖅᑐᓄᑦ, ᐃᒡᓗᒥᐅᖃᑎᖃᕐᓂᒃᑯᑦ, ᐊᒻᒪᓗ ᐋᓐᓂᐊᖃᖅᑐᖅ ᐊᓈᓇᒋᔭᐅᔪᖅ ᓄᑕᕋᖓᓄᑦ. ᐋᓐᓂᐊᖅᑖᕈᑕᐅᔪᓐᓇᖅᑐᖅ ᐊᒻᒪ ᓱᕋᐃᔪᓐᓇᖅᑐᖅ ᑎᖑᒻᒥᑦ, ᐱᔾᔪᑕᐅᓂᖅᐹᖑᓱᖅ ᑳᓐᓱᑖᓂᕐᒥᑦ ᑎᖑᒃᑯᑦ.

ᑭᓇ ᑲᐱᔭᐅᒋᐊᖃᖅᐸ ᐋᓐᓂᐊᓕᕇᒃᑯᑎᒧᑦ?

ᐋᓐᓂᐊᓕᕇᒃᑯᑎᒧᑦ ᐱᖓᓱᐊᖅᑎ ᑲᐱᔭᐅᓇᖅᑐᖅ ᓄᑕᕋᓛᓕᒫᓄᑦ ᐃᓅᕋᑖᖅᑎᓪᓗᒋᑦ, ᐊᑕᐅᓯᕐᒥᒃ, 9-ᓂᓪᓗ ᑕᖅᑭᖃᓕᖅᑎᓪᓗᒋᑦ.

ᑲᐱᓯᖃᑦᑕᖅᒥᔪᑦ ᐱᖓᓱᐊᖅᑎ ᓱᕈᓯᓕᒫᓂᒃ ᑲᐱᔭᐅᓚᐅᖅᓯᒪᙱᑦᑐᓂᑦ, ᐃᓐᓇᐃᓪᓗ ᐊᑦᑕᕐᓇᖅᑐᒦᑦᑐᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐲᒧᑦ. ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᐅᖃᖅᑎᖃᖅᑐᑎᑦ ᑲᐱᔭᐅᓚᐅᖅᓯᒪᙱᒃᑯᕕᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐲ ᑲᐳᑎᒧᑦ.

ᐋᓐᓂᐊᓕᕇᒃᑯᑎ ᖃᓄᖅ ᐃᑲᔫᑎᖃᕐᒪᑦ?

ᓴᐳᔾᔨᓲᖑᒻᒪᑦ ᓄᓇᕗᒻᒥᐅᓂᑦ ᐋᓐᓂᐊᖅᑖᖅᑕᐃᓕᒪᓂᕐᒥᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐲᒥᑦ.

ᓄᓇᓕᒻᒥ ᓴᐳᔾᔨᓲᖑᓪᓗᓂ ᑕᐃᒃᑯᐊᓗ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓂᖅᓴᐅᔪᑦ ᐋᓐᓂᐊᖅᑖᕐᓂᖅᐸᑕ.

ᑎᖑᒃᑯᑦ ᑳᓐᓱᑖᕈᓐᓇᕐᓂᕐᒥᒃ ᒥᑭᓪᓕᑦᑎᓇᓲᖅ.

ᑎᖑᓪᓗᓐᓇᖅ ᐲ-ᒧᑦ ᑲᐳᑎ ᐋᓐᓂᐊᓕᕇᒃᑯᑎ ᐊᑦᑕᕐᓇᙱᓚ?

ᐲ. ᖃᓄᐃᑕᐅᒐᔪᓐᓂᖅᐹᖑᔪᖅ ᐆᑎᕐᓇᕐᓂᖅ, ᓂᐊᖁᙳᓂᖅ, ᐅᕙᓃᓐᓃᑦ ᐸᕝᕕᒍᓯᓐᓂᖅ. ᑕᒪᓐᓇ ᑕᒪᐃᒋᐊᖃᖅᑐᖅ ᓇᓗᓇᐃᖅᓯᒪᓪᒪᑦ ᑎᒦᑦ ᒪᒥᓴᐅᑎᓕᐅᖅᑐᖅ ᑖᒃᑯᓄᖓ ᐋᓐᓂᐊᓄᑦ.

ᐊᐅᐸᖅᓂᖃᑐᐃᓐᓇᓇᐊᓕᒃ ᒪᐃᓪᓗᓂᓗ ᑲᐱᕕᐅᓯᒪᔪᖅ. ᐃᓄᒋᐊᓲᑦ ᖃᓄᐃᔾᔪᑎᖃᙱᑦᑐᑦ ᑲᐳᑎᒧᑦ.

ᑲᐳᑎᓕᒫᓄᑦ, ᐃᓛᓐᓂᓚᐅᓱᖕᒫᓗᒃ ᓈᒻᒪᒃᓴᖅᑐᖃᙱᑦᑐᒻᒪᕆᐅᔪᓐᓇᖅᑐᖅ ᑕᐃᔭᐅᓲᖑᓪᓗᓂ ᓈᒻᒪᒃᓴᙳᕐᔭᐊᕐᓂᖅ. ᓈᒻᒪᒃᓴᙳᕐᔭᐊᕐᓗᓂ ᓴᖅᑭᓲᖅ ᐱᖑᔭᐅᓗᓂ, ᐊᒥᕐᓲᓗᓂ, ᖃᓂᒃᑯᑦ ᐳᓪᓕᕐᓂᖃᕐᓗᓂ, ᐊᓂᖅᓵᖅᑐᑦᑎᐊᕈᓐᓇᙱᑦᑐᓂ. ᑕᐃᒪᐃᖃᑦᑕᖅᑐᑦ ᑕᐃᒪᐃᒐᔪᒃᑐᑦ ᐃᑲᖅᑭᐅᑉ ᓇᑉᐸᖓᑕ ᓇᑉᐸᒃᑲᓐᓂᖓᓂ 15 ᒥᓂᑦᓯᓂ ᐊᓂᒍᓚᐅᙱᓐᓂᖏᓐᓂ ᑲᐱᔭᐅᓯᒪᓕᖅᑐᓂ. ᐅᑕᖅᑭᒋᐊᖃᖅᐳᑎᑦ 15 ᒥᓂᑦᓯᓄᑦ ᖃᓄᐃᑦᑐᑐᐃᓐᓇᕐᒧᑦ ᐋᓐᓂᐊᓕᕇᒃᑯᓯᖅᑕᐅᒍᕕᑦ ᑲᐳᑎᒧᑦ. ᓈᒻᒪᒃᓴᙳᕐᔭᐊᕐᓂᖅ ᑲᒪᒋᔭᐅᔪᓐᓇᖅᑐᖅ ᐋᓐᓂᐊᓕᕆᔨᐅᔪᑦ ᐃᓕᓐᓂᐊᖅᓯᒪᑦᑎᐊᖅᑐᑦ ᑲᒪᑦᑎᐊᓂᕐᒥᑦ.

ᑭᓇ ᐅᖃᖅᑎᖃᓇᐊᖃᖅᐸ ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᑎᖑᓪᓗᓐᓇᖅ ᐲ-ᒧᑦ ᑲᐱᔭᐅᓚᐅᙱᓐᓂᖓᓂ?

ᐋᓐᓂᐊᓕᕆᔩᑦ ᐅᖃᐅᑎᓗᒍ ᓇᓕᐊᓐᓂᑐᐃᓐᓇᖅ ᐊᑐᖅᓂᑰᒍᕕᑦ:

- ᑎᒦᑦ ᓈᒻᒪᒃᓴᖅᓯᐊᓚᐅᙱᑉᐸᑦ ᑭᖑᓂᖓᓂ ᑲᐳᑎᒥᑦ. ᓈᒻᒪᒃᓴᖅᓯᐊᕐᓂᖅ ᐃᓚᖃᖅᑐᖅ ᑐᓴᖅᓴᓪᒪᓇᓪᒥ ᐊᓂᖅᑎᓇᓗᓂ, ᐃᒡᒋᐊᒃᑯᑦ ᓯᒥᑦᓯᒪᔫᔭᕐᓂᖅ ᐊᒻᒪ ᐊᓂᖅᓵᖅᑐᑦᓯᐊᕈᓐᓇᙱᓐᓂᖅ ᐲᓯᑦᓯᐊᕈᓐᓇᙱᓐᓂᕐᓗᓐᓂᓗ.
- ᑲᐳᑎᐅᑉ ᐃᒪᖓᑕ ᐃᓚᒃᓴᖓᓂ ᓈᒻᒪᒃᓴᖅᓯᐊᕐᓂᖅ.

ᑭᓱ ᐊᑦᑕᕐᓇᕈᑕᐅᒻᒪᑦ ᑲᐱᔭᐅᙱᒃᑯᒪ ᑎᖑᓪᓗᓐᓇᖅ ᐲ ᐋᓐᓂᐊᓕᕇᒃᑯᑎᒧᑦ?

ᑎᖑᓪᓗᓐᓇᖅ ᐲ ᓱᓕ ᑲᓇᑕᒦᑦᑐᖅ ᓯᓚᕐᔪᐊᓕᒫᒥᓪᓗ. ᑲᐱᔭᐅᙱᒃᑯᕕᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᑦᑐᑎᑦ ᐋᓐᓂᐊᖅᑖᕐᓂᕐᒧᑦ.

ᑎᖑᓪᓗᓐᓇᖅ ᐲ ᐋᓐᓂᐊᓕᕇᒃᑯᑎᒧᑦ ᑲᐱᔭᐅᓯᒪᓕᖅᑐᓂ ᑲᒪᑦᑎᐊᖅᓂᖅ
• ᐆᑎᕐᓇᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᑦ ᐊᒻᒪ ᐋᓐᓂᐊᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᑦ ᒪᐃᓗᐊᖅᑕᐃᓕᒪᓂᕐᒧᓪᓗᓐᓃᑦ, ᐋᓐᓂᐊᕐᓇᙱᑦᑐᒥᑦ ᐆᑎᕐᓇᔾᔭᐃᑯᑎᒥᑦ ᐲᓯᓗᑎᑦ (ᑕᐃᓕᓈ (ᓂᐊᖁᖅᓯᐅᑎ), ᑕᒻᐳᕋ (ᐆᑎᕐᓇᖅᑐᖅᓯᐅᑎ) ᐅᕙᓃᓐᓃᑦ ᐋᓐᓂᐊᕐᓇᙱᑦᑐᒥᑦ ᐳᓪᓕᕐᓇᙱᑦᑐᒥᑦ (ᐋᑦᕕᐅᓪ, ᒨᑦᕆᓐ). ᓱᕈᓯᓄᑦ, ᐋᓐᓂᐊᓕᕆᔨᐅᑉ ᖃᓄᑎᒋ ᐲᓯᖁᑉᐸᒍ ᒪᓕᑦᑎᐊᖅᓗᒍ ᐅᕙᓃᓐᓃᑦ ᐴᖓᓂ ᑎᑎᕋᖅᓯᒪᔪᖅ ᒪᓕᑦᑎᐊᖅᓗᒍ.
• ᐋᔅᐳᕆᓐ **ᑐᓂᔭᐅᙱᓪᓗᓂ** ᑭᓇᑐᐃᓐᓇᕐᓄᑦ 20 ᑐᖔᓂ ᐅᑭᐅᓕᒻᒧᑦ ᐊᑦᑕᕐᓇᕐᓂᖓ ᕋᐃᔅ ᐋᓐᓂᐊᕈᑕᐅᓂᖅᓴᖅᑐᖅ ᐱᔾᔪᑕᐅᓪᓗᓂ, ᖃᕋᓴᖅᒧᑦ ᐱᐅᔪᓐᓂᕈᑕᐅᔪᓐᓇᕐᒪᑦ ᑐᖁᔾᔪᑕᐅᓗᓂᓗ.
• ᖃᓄᐃᓕᔾᔪᑎᖃᓪᓚᓇᒃᑯᕕᑦ ᓲᕐᓗ ᖃᓂᒃᑯᑦ/ᖃᖓᓯᓈᒃᑯᑦ, ᐱᖑᔭᓐᓂᖅ ᐅᕙᓃᓐᓃᑦ ᖅᐲᖅᓱᓕᕈᕕᑦ ᑐᐊᕕᖅᓇᖅᑐᒃᑯᕕᓚᐊᖅᓗᑎᑦ ᐋᓐᓂᐊᕕᓕᐊᑲᐅᑎᒋᓗᑎᓈᓐᓃᑦ.
• ᐊᐱᖅᑯᑎᖃᕈᕕᑦ, ᐃᓱᒫᓗᑎᖃᕈᕕᓪᓗᓐᓃᑦ ᖃᓄᐃᓕᕈᑕᐅᔪᒥᑦ ᑲᐳᑎᒧᑦ, ᐋᓐᓂᐊᓕᕆᔨᒥᑦ ᐅᖃᖅᑎᖃᖅᑐᑎᑦ.

Human Papillomavirus (HPV) 9-valent Immunization Protocol for Gardasil®9

Purpose	To provide information and guidance for the Human Papillomavirus (HPV) Immunization program in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.	
Objective	To protect Nunavummiut against infection with specific types of HPV (6, 11, 16,18, 31, 33, 45, 52 and 58) and to decrease certain cancers and other diseases caused by HPV.	
Indication	Gardasil®9 is indicated for individuals age 9 to <27 years of age for the prevention of infection caused by the Human Papillomavirus (HPV) types 6, 11, 16, 16, 18, 31, 33, 45, 52 and 58.	
Eligibility	Nunavut's publicly funded program is available to all Nunavummiut age 9 to <27 years. The vaccine is typically administered as part of school immunization programs to children in grade 6. The vaccine may be indicated for certain individuals 27 years of age and older and will be approved on a case-by-case basis in consultation with the Chief Public Health Officer Those not eligible for the publicly funded program may discuss access to the vaccine with their health care provider. If recommended, the vaccine can be purchased privately.	
Product	Gardasil®9	
Vaccine Type	Active recombinant vaccine.	
Vaccine components	Recombinant HPV 6, 11, 16, 18, 31, 33, 45, 52 and 58 L1 proteins. Aluminum (as Amorphous Aluminum Hydroxyphosphate Sulfate adjuvant), L-histidine, polysorbate 80, sodium borate, 9 sodium chloride, and water for injection. The product does not contain a preservative or antibiotics.	
Formats available	Packages of 1 or 10 single-dose vials. (latex free)	
Manufacturer	Merck Canada Inc. 16750 route Transcanadienne Kirkland QC Canada H9H 4M7 www.merck.ca	
Administration	Intramuscular (IM) injection in the deltoid region of the upper arm.	
Dose Series	**Recommended Groups**	**Recommended Immunization schedule and intervals**
	Immunocompetent individuals age 9 to <15 years*	2 dose series (0 and 6 months)
	Immunocompetent individuals age 15 to <27 years	3 dose series (0, 2 and 6 months)

	Immunocompromised individuals age 9 to <27 years	3 dose series (0, 2 and 6 months)
	Immunocompetent HIV infected individuals age 9 to <27 years**	3 dose series (0, 2 and 6 months)
	*Individuals who turn 15 prior to the series completion should receive the 2-dose series with a minimum 6-month interval between doses. **Please see *Vaccine Interchangeability* section below for further information	
Vaccine Interchangeability	If an individual has started the HPV vaccine series with the 4-valent Gardasil®, Gardasil®9 should be used to complete the series. If an individual has started or completed the HPV vaccine series with Cervarix®, care providers can consider either completing OR restarting the series with Gardasil®9 based on an individual risk assessment. HIV positive individuals who have initiated an HPV vaccine series with the 4-valent Gardasil® or Cervarix® should receive a complete series of Gardasil®9.	
Booster Dose	Booster doses and re-immunization are not recommended	
Contraindications	Gardasil®9 is contraindicated in patients who are hypersensitive to either Gardasil® or Gardasil®9 or any component of the vaccine or container. Please see *Vaccine Components* section for more detail. Safety has not been established in pregnancy. People who become pregnant before series completion should defer further immunization until no longer pregnant. If vaccine is inadvertently administered to a pregnant person, no intervention is required as the vaccine has not been associated with teratogenicity. It is not known whether Gardasill®9 is excreted in human milk. If a client is breastfeeding, discuss with primary physician prior to immunization.	
Precautions and Additional Notes	Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization. It is recommended that the series be completed during the school year. Where possible, the immunizations should be administered in September and March. At the discretion of the health center, immunizations may be delivered at the school or health center. If the schedule is interrupted, the vaccine series does not need to be restarted.	
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.	
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in: Anaphylaxis: Initial Management in Non-Hospital Settings, in the Canadian Immunization Guide.	
Side Effects	Injection site: Pain, erythema, swelling Systemic: Headache, fever, nausea, dizziness, fatigue, diarrhea, or oropharyngeal pain. Syncope (fainting) may follow any vaccination, especially in adolescents and young adults. Syncope, sometimes associated with falling, has occurred after HPV vaccination. Therefore,	

	vaccinees should be carefully observed for approximately 15 minutes after administration of GARDASIL®9.
Reportable Adverse Events/Side Effects	Report all serious adverse events, unusual/unexpected events or administration errors to the RCDC. Review section 3.5 (paying close attention to section 3.5.4 *Summary of Reporting Criteria*) in the Nunavut Immunization Manual. A Report of adverse events following immunization (AEFI) (canada.ca) form must be completed and submitted to the RCDC.
Documentation	All immunizations given should be documented on the Immunization Card and electronic medical record.
Materials and Resources	All protocols and materials are available on the Government of Nunavut Department of Health website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual HPV Vaccination Fact Sheet Responding to parents about Human Papillomavirus (HPV) vaccination: A guide for health care providers
References	1. Gardasil®9 Product Monograph. Merck Canada Inc. April 6, 2022. Available at: GARDASIL 9-PM E.pdf (merck.ca) 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: Human papillomavirus vaccine: Canadian Immunization Guide - Canada.ca 3. Public Health Agency of Canada. National Advisory Committee on Immunization, Update on the recommended use of HPV Vaccine. 1 June 2017. Vol 43-6. Source: NACI Update on the recommended use of HPV vaccine - Canada.ca
Approved by the Chief Public Health Officer October 2022	

Fact Sheet

Human Papillomavirus (HPV) Vaccine

What is Human Papillomavirus?

Human Papillomavirus (HPV) is a common virus spread through sexual contact. HPV can infect many parts of the body in both males and females. Some types of HPV can cause cancers of the reproductive areas, mouth and throat of both males and females. Over 80% of Nunavummiut are infected with HPV during their lifetime.

Who should receive the vaccine?

All Nunavummiut age 9 to < 27 years.

What are benefits of the vaccine?

It protects Nunavummiut from getting sick with diseases and certain cancers caused by HPV.

It protects the community and those most at risk of complications from infection.

Is the HPV vaccine safe?

Yes. The vaccine was shown to be safe and has been approved for use in Canada. The vaccine itself cannot cause HPV infection.

The most common side effects reported after HPV vaccine are mild. They include redness and soreness at the needle site, fever, dizziness, nausea, and rarely fainting. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, and/or difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. Therefore, **it is recommended you stay in the clinic for 15 minutes after getting any vaccine**. In a school setting, your child will be supervised for 15 minutes after receiving the vaccine. Your healthcare provider is trained to treat anaphylaxis.

Who should talk with their healthcare provider before getting the HPV vaccine?

Tell your health care provider if you have had any of the following:

- Any allergic reaction to a previous dose of a vaccine.
- Allergy to any ingredient of the vaccine.
- Pregnancy or breastfeeding.

What is the risk of not getting the HPV vaccine?

HPV infection can cause health problems, such as certain types of cancers and genital warts. Cancers commonly seen from HPV infection include cervical cancer, cancer of the throat, tongue, tonsils, vulva, vagina, penis and anus.

Human Papillomavirus Vaccine After Care
• To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle. • Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death. • If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately. • If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Kangiqhidjutinun Titiqqat

Human Papillomavirus (HPV) Kapuutit

Huna una Human Papillomavirus (HPV)?

Inungmut Aanniaqnaqtut Aanniarut (HPV-mik) aanniarut hiammitiqpaktuq nuliangniqmit aktutiyunit. HPV-mit aanniarunningnaqtuq timimainut tamangnik angutinut arnanutlu. Ilangit aallatqiiktut HPV-mit kaansanguqtaaktut talvani nutaraliurutauvaktunut atuqtauyunik, uhuq, uttuqqutlu, iglianganut, qannirnut, iggianginnut tamarmik angutit arnatlu. Avatqumayunik 80%-nguyut Nunavunmiut aanniarutiqaqtut HPV-mik inuuhirmingni.

Kitkut kapuqhiqtughauvat kapuutikhanik havautiqaqtunik?

Tamaita Nunavunmiut ukiulgit 9-min talvunga < 27-nun ukiunun.

Hunauvat ikajuutit kapuqhirnirmun?

Aannialiqtailitikhait Nunavunmiut aanniarutinit qanuritunitlu kaansautinit kaansanguqtaaktunit HPV-mit.

Ikayuqpaktait nunallaamiut taapkuallu qayangnarhittaaqtut aannialaqiryuaqtaaqtut aannialaqitjutimin.

Tamna HPV kapuutikhaq qayangnaitpa?

Hii. Tamna HPV kapuutikhaq naunaiqtauhimayuq qayangnaittuq angiqtauhimayuql;u atuqtauyukhaq Kanatami. Kappuut aanniaqlaqinnaittuq HPV-mik aannirunmik.

Naunaitqiaq ayurnautikhangit imaatun itun naunaiqtauhimayut kinguani HPV-mik kapuunmik kapiyauhimayunit qayangnaitut. Hapkuat ilauyut auppadjakhunilu uluriahulianarhiplunillu kappittirnia, kidjakhutiklu, kaivvanguqhutiklu, mirriangulaqiplutiklu, ilani nukiiktittutikluuniit. Amigaitut inuit hulaqutiqangitut kapuqhirnirmin.

Tamaita kapuqhiutit, pidjutiqaluangitut timimun nakuungirnirmun taijauhimajuq *anaphylaxis* aanialaqiqjuarniq. Anaphylaxis naunaikpaktut kukuvalaktut, amiklukhutik, pivittutik qanikmi, anirhaalimaikhutik ayuqhalikhutik. Una nkuungiutaujuq imaa 15 minutes hivitunia kapuqhiruiraangamik. Taimaatun, **Munarhiqarvikmiittukhaujutit 15 minutes-ni kapukhiruvit humiklikaak**. Iliharvingmi, nutaqqat munariyauhunguyuq15 minitsimi kapukhiqtaulraagluni taffuminga havaunmik. Anaphylaxis munariyauttaaqtuq munaqhigiyatit ayuiqhaqhimayullu ikayuriamingni.

Kitkut uqaqatigijaghait munaqhit HPV kapuqhiqtinagit?

Uqaqlutit munakhinut hapkuninga nallianik piqaruvit:

- Hunalikaak timimut nakunngirutauyaaktut kanga kapuutigiyamut havautikaktumik.
- Timimun nakuungittuq quyaginnamin avuhimatjutaanin havautiqaqtumin kapuutimin.
- Hingaiyunut uvaluuniit iviangirnit maamaktittiyunut.

Hunauvat qayangnaqhidjutiuyaaqtut pingitpat BCG havautiqaqtunik kapuutinik?

HPV-mik aanniarunmit ihuirutiqaqtaaktut inuuhirmi ihuirutauvaktunik, ilangit aallatqiiktunik kansautinik imatutlu uhukmi uttukmuli unngut. Kansautit takuyauqattaliqpaktut HPV-mit aanniarunmit ilauyut igliapkut kaansarniq, kaansarniq iggiakkut, uqakkut, qiniqhinakkut, uluannguak, nirukinninga, uhukkut talvuunalu itikkut.

Human Papillomavirus Kapuqhirniq Munaridjutikhaq

- Aanniaqpallaarnaittumik kitjakpallaarnaittumik uluriahuunmikluunniit, havautituqtaaqtutit niaquqhiunmik taiyauyumik Acetaminophen (Tylenol, Tempra) taaffumingaluunniit Ibuprofen (Advil, Motrin). Nutaqqanut, tunihiluni munaqhiliqiyit qanuq uqautiyaanik puunganiluunniit naunaitkutaanik.
- Aspirin (ASA) **TUNIJAUJUKHAUNGITTUQ** inungnun ukiunikhimaittunut 20-nik annialaqinahuqquurnirmut taiyauyumik Reye Syndrome-mik, qaritarmut hukhaungilaqinnaqtumut naammakhivikhaittumut tuqutjutauyaaqhunilu.
- Mihingnarhikpat ihuirutauliqtuq puvitiliqhuni qaniq/umilruk, uvinik puvittuq kukuvalaalaqiyuq qiiqiluniluunniit upautilutit uping'ngaqtauyuliqiyit havagvia munaqhitkulluunniit upilaqilutit.
- Apiruutiqaruvit, ihumaaluutiqaruvilluunniit mighaagut hulaqutimik kapurhiutimin, uqaqatigilugu munarhitkut.

Fiche de renseignements

Vaccin contre le virus du papillome humain (VPH)

Qu'est-ce que le virus du papillome humain?

Le virus du papillome humain (VPH) est un virus courant qui se transmet par les relations sexuelles. Le VPH peut infecter diverses parties du corps, tant chez les hommes que les femmes. Certains types de VPH peuvent causer des cancers des organes reproducteurs, de la bouche et de la gorge chez les hommes et les femmes. Plus de 80 % des Nunavummiut seront infectés par le VPH au cours de leur vie.

Qui devrait se faire vacciner?

Tous les Nunavummiut âgés de 9 à < 27 ans.

Quels sont les avantages du vaccin?

Il protège les Nunavummiut contre les maladies et certains cancers causés par le VPH.

Il protège la communauté et les personnes les plus vulnérables des complications en cas d'infection.

Le vaccin contre le VPH est-il sécuritaire?

Oui. L'expérience indique que le vaccin est sans danger et son utilisation a été approuvée au Canada. Le vaccin en tant que tel ne peut pas causer d'infection par le VPH.

Les effets secondaires les plus souvent signalés à la suite du vaccin contre le VPH sont légers. Il s'agit de rougeurs et de douleurs au point d'injection, de fièvre, d'étourdissements, de nausées et, dans de rares cas, d'évanouissements. Bien des gens ne ressentent aucun effet secondaire du vaccin.

Comme c'est le cas pour tous les vaccins, il existe une très faible probabilité de subir une réaction allergique grave, que l'on appelle *anaphylaxie*. Les symptômes de l'anaphylaxie sont l'urticaire, des éruptions cutanées, une enflure de la bouche ou de la difficulté à respirer. Ce type de réaction survient habituellement dans les 15 minutes suivant l'administration du vaccin. **Il est donc recommandé que vous demeuriez à la clinique pendant 15 minutes à la suite de l'administration d'un vaccin**. À l'école, votre enfant sera surveillé pendant 15 minutes après avoir été vacciné. Votre fournisseur de soins de santé est formé pour traiter l'anaphylaxie.

Qui devrait consulter son fournisseur de soins de santé avant de se faire vacciner contre le VPH?

Si vous avez déjà présenté l'un des états indiqués ci-après, mentionnez-le à votre fournisseur de soins de santé :

- Une réaction allergique à une dose précédente d'un vaccin;
- Une allergie à l'un des composants du vaccin;
- La grossesse ou l'allaitement.

Quel est le risque à ne pas se faire vacciner contre le VPH?

L'infection par le VPH peut causer des problèmes de santé tels que certains types de cancers et de verrues génitales. Les cancers que l'on observe fréquemment à la suite d'une infection par le VPH comprennent le cancer du col de l'utérus, le cancer de la gorge, de la langue, des amygdales, de la vulve, du vagin, du pénis et de l'anus.

Surveillance médicale à la suite du vaccin contre le virus du papillome humain
• Pour réduire la fièvre et soulager la douleur, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Donnez aux enfants la dose recommandée par votre fournisseur de soins de santé ou indiquée sur le flacon. • On ne doit **JAMAIS** donner d'aspirine à une personne de moins de 20 ans en raison du risque du syndrome de Reye, qui peut entraîner des lésions cérébrales permanentes et un risque de décès. • Si vous ressentez des effets secondaires graves tels qu'une enflure de la bouche ou des lèvres, de l'urticaire ou une crise épileptique, rendez-vous immédiatement au service des urgences ou au centre de santé. • Si vous avez des questions ou que vous craignez une réaction au vaccin, parlez-en à votre fournisseur de soins de santé.

ᓇᓄᓇᐃᖅᓯᕐᔪᑎᑦ

ᐊᐃᑦᑐᕐᓘᑕᐅᓲᖅ ᐋᓂᐊᖅᑖᕐᓇᖅᑐᒧᑦ ᑳᐸᑎ

ᑭᓲᖕᒪᑦ ᐊᐃᑦᑐᕐᓘᑕᐅᓲᖅ ᐋᓂᐊᖅᑖᕐᓇᖅᑐᖅ?

ᐊᐃᑦᑐᕐᓘᑕᐅᓲᖅ ᐋᓂᐊᖅᑖᕐᓇᖅᑐᖅ ᐃᓄᖕᓄᑦ ᐊᐃᑦᑐᕐᓘᑕᐅᖃᑦᑕᖅᑐᖅ ᑯᔭᖕᓂᒃᑯᑦ. ᑖᓐᓇ ᐊᐃᑦᑐᕐᓘᑕᐅᓲᖅ ᐋᓂᐊᖅᑖᕐᓇᖅᑐᖅ ᓇᐅᒃᑯᑐᐃᓐᓇᖅ ᑎᒥᒃᑯᑦ ᖃᓄᐃᕝᔪᑕᐅᓚᐅᓐᓇᓲᖅ ᑕᒪᐃᓐᓄᑦ ᐊᕐᓇᓄᑦ ᐊᖕᒍᑎᓄᓪᓗ. ᐃᓚᖕᒋᑦ ᐋᓂᐊᖅᑖᖃᑦᑕᖅᑐᑦ ᒪᒥᑕᐅᔪᓐᓇᖏᑦᑐᓂ ᓲᕐᓗ ᕿᑐᕐᖏᐅᕈᑎᒃᑯᑦ, ᖃᓂᒃᑯᑦ ᐃᖠᐊᒃᑯᓪᓗ ᑕᒪᐃᓐᓄᑦ ᐊᕐᓇᓄᑦ ᐊᖕᒍᑎᓄᓪᓗ ᐋᓂᐊᖅᑖᕈᑕᐅᓲᖕᒍᓪᓗᓂ. 80% ᐅᖓᑖᓂ ᓄᓇᕗᒥᐅᑦ ᖁᐱᕐᓇᑦᑑᓪᓗᑎᒃ ᐊᐃᑦᑐᕐᓗᒃᑕᐅᖃᑦᑕᖅᑐᑦ ᐃᓅᓯᖕᒋᓐᓂ.

ᑭᓇᒃᑯᑦ ᑲᐱᔭᐅᔭᕆᐊᖃᖅᐸᑦ?

ᑕᒪᕐᒥᑦᑎᐊᖅ ᓄᓇᕗᒻᒥᐅᑦ ᐅᑭᐅᖔᑦ 7−ᒥᑦ 27−ᒧᑦ.

ᑭᓱᕙᑦ ᐃᑲᔫᑕᐅᔪᓐᓇᖅᑐᑦ ᑲᐱᔭᐅᓂᕐᒧᑦ?

ᓴᐳᑎᓯᒪᔪᓐᓇᕐᒪᑦ ᓄᓇᕗᒻᒥᐅᓂᒃ ᐋᓂᐊᖅᑖᖅᑕᐃᓚᒪᓂᕐᒧᑦ ᒪᒥᑕᐅᔪᓐᓇᖅᑎᑦᑐᓂᓪᓗ ᐋᓂᐊᓚᕈᑕᐅᙱᑉᐹᓪᓚᕈᓐᓇᕐᒪᑦ ᖁᐱᕈᕐᒧᑦ ᐋᓂᐊᖅᑖᕈᑕᐅᔪᓐᓇᖅᑐᓂᒃ.

ᓄᓇᓕᖕᓃᑦᑐᑦ ᓴᐳᔾᔭᐅᔪᓐᓇᖅᐳᑦ ᑕᐃᒃᑯᐊᓗ ᐊᑲᐅᙱᓕᐅᕈᑎᖃᓗᐊᓚᑐᐃᓐᓇᕆᐊᓖᑦ ᖃᓂᒪᓂᕐᒧᑦ.

ᑖᓐᓇ ᑲᐱᔭᐅᔾᔪᑎ ᖁᐊᖅᕵᕐᓇᙱᓛᖅ?

ᐋ. ᑳᐸᑎ ᖃᐅᔨᒪᔭᐅᓕᖅᑐᖅ ᐊᑦᑕᕐᓇᙱᓐᓂᖕᒐᓂᒃ ᑎᒥᒧᑦ ᑕᐃᒫᒡᓗ ᐊᑐᐃᓐᓇᐅᓕᖅᓱᓂ ᐊᕐᒋᖅᑕᐅᓯᒪᓕᕐᒪᑦ ᑲᓇᑕᒥ. ᑳᐸᑎ ᐋᓂᐊᒃᓴᕐᒥᒃ ᐃᓂᓪᓚᐃᔪᓐᓇᙱᑦᑐᖅ ᑎᒥᒧᑦ.

ᑐᓴᖅᑕᐅᒐᔪᒃᑐᑦ ᑲᐱᔭᐅᔪᖃᕐᖂᖅᑲᐅᑎᓪᓗᒍ ᐅᓗᕆᐊᓇᖅᑑᙱᑦᑐᑦ ᖃᓄᐃᓕᕈᑕᐅᕚᒃᑐᑦ. ᑕᕝᕗᓇ ᑲᐱᔭᐅᔪᒃᑯᑦ ᐊᐅᐸᖅᓯᓇᖅᑐᖅ ᒪᐃᑦᑑᓇᖅᓱᓂᓗ, ᐆᓇᖅᓯᓐᓇᖅᓱᓂ, ᐅᐃᔾᔫᒍᓂᖅ, ᒥᕆᐊᙳᓂᖅ, ᐊᒻᒪ ᖃᑯᑎᒃᑯᑦ ᖃᐅᔨᒪᔪᓐᓃᕈᑕᐅᓚᐅᖅᐸᒃᓱᓂ. ᐅᓄᖅᑐᑦ ᐃᓄᐃᑦ ᐃᒃᐱᒍᓯᖃᑦᑕᖕᒋᑦᑐᑦ ᑕᒪᐃᓐᓄᑦ ᑲᐱᔭᐅᑎᓪᓗᒋᑦ.

ᐊᓯᓕᒫᖕᒋᓐᓂ ᑳᐸᑎᓂᑦ, ᐊᑐᖅᑕᐅᓗᐊᕐᐸᖕᒋᑦᑑᒐᓗᐊᖅ ᑎᒥ ᐱᐅᒃᓴᙱᑐᐃᓐᓇᖃᐊᖅᑲᒪᑦ ᑕᐃᔭᐅᔪᒥᑦ *anaphylaxis.* ᑎᒥ ᓈᒻᒪᒃᓴᙱᓐᓂᖕᒐᓄᑦ ᓴᖅᑭᓲᖅ ᐱᖑᔾᔭᒃᑐᑎᑐᑦ, ᐊᒥᕐᓗᒃᓗᓂ, ᐳᕙᓪᓗᓂ ᖃᓂᖅ, ᐊᓂᖅᑎᓇᑦᑎᐊᕈᓐᓇᙱᓪᓗᓂ. ᑖᓐᓇ ᑕᐃᒪᐃᓚᔪᖃᑦᑕᖅᐳᑦ 15 ᒥᓂᒥᑦ ᑲᐱᔭᐅᔭᕓᖅᓯᒪᓕᖅᑎᓪᓗᒍ. **ᐅᑕᕿᖁᔭᐅᖃᑦᑕᖅᐳᑦ ᐋᓂᐊᕕᖕᒦᓚᐅᒃᓗᑎᑦ 15 ᒥᓂᒥᑦ ᑭᓯᐅᑕᐃᓐᓇᕐᒥᑦ ᑲᐱᔭᐅᔭᕗᖕᒐᕕᑦ.** ᐃᓕᓐᓂᐊᖅᑎᐅᔪᓄᓪᓕ, ᕿᑐᕐᖓᕆᔭᐃᑦ ᐅᔾᔨᖅᓱᖅᑕᐅᓇᔭᖅᑐᖅ 15 ᒥᓂᑦᓯᓄᑦ ᑲᐱᔭᐅᕚᓂᒃᓯᒪᓕᖅᐸᑦ. ᑎᒥᒃᑯᑦ ᐱᐅᒃᓴᙱᕐᔪᐊᕐᓂᑦ ᑲᒪᒋᔭᐅᔪᓐᓇᖅᑐᖅ ᐋᓂᐊᓯᐅᖅᑎᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓯᒪᔪᖅ ᖃᓄᖅ ᑲᒪᒋᔭᕆᐊᒃᓴᖕᒐᓂ.

ᑭᓇ ᐅᖃᖅᑎᖃᕐᓗᐊᖅᐸ ᐋᓂᐊᓯᐅᑎᒥᑦ ᑲᐱᔭᐅᓚᐅᖅᑳᕋᓂ?

ᐃᔪᐊᖅᓴᐃᔾᔨᔭᑦ ᐅᖃᐅᑎᓗᒍ ᐅᑯᓂᖓ ᐊᑐᖅᓯᒪᒍᕕᑦ:

- ᑎᒦᑦ ᐱᐅᒃᓴᙱᑦᑐᕕᓂᐅᓚᐅᖅᓯᒪᑐᐊᖅᐸᑦ ᑭᓯᑐᐃᓐᓇᕐᒧᑦ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᑎᑦ.
- ᑎᒥᐅᑉ ᐱᐅᒋᙱᑐᐊᖅᐸᒋᑦ ᑳᐸᑎᐅᑉ ᐃᓗᐊᓂ ᐃᓚᒋᔭᖏᑦ.
- ᓯᖕᒐᐃᒍᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᒪᒪᒃᑎᑦᑎᒍᕕᑦ.

ᑭᓯ ᑕᐃᒪ ᐅᓗᓇᐊᓇᕈᓐᓇᖅᐸ ᑲᐱᔭᐅᓯᒪᙱᓪᓗᓂ ᐊᐃᑦᑐᕐᓘᑕᐅᔫᒧᑦ ᐋᓂᐊᓕᕐᓇᖅᑐᒧᑦ?

ᐊᐃᑦᑐᕐᓗᒃᑕᐅᓗᓂ ᖁᐱᕐᓇᑦᑐᕕᓂᐅᓗᓂ ᑎᒥᒧᑦ ᐋᓂᐊᓕᕐᓇᑐᐃᓐᓇᕆᐊᓕᒃ, ᐃᓚᖕᒋᑦ ᒪᒥᑕᐅᔪᓐᓇᙱᑦᑐᒥᒃ ᐋᓂᐊᓕᓲᖑᓪᓗᑎᒃ ᐊᒻᒪ ᐅᑦᑑᑉ ᐅᓲᓗ ᖃᓂᕐᔭᖕᒐᒍᑦ ᐅᙲᙲᐊᖅᑖᕐᓇᕆᓪᓗᓂ. ᒪᒥᑕᐅᔪᓐᓇᙱᑦᑐᒥᒃ ᐋᓂᐊᓕᓲᑦ ᐃᓚᖕᒋᑦ ᐅᑯᐊᖑᔪᑦ ᐃᒡᓕᐊᒃᑯᑦ ᐋᓂᐊᖅ, ᖁᖕᒐᓯᒃᑯᑦ ᐋᓂᐊᖅ, ᐅᖅᑯᑦ, ᕿᓕᖅᓯᓇᒃᑯᑦ,ᐅᓗᐊᙳᐊᒃᑯᑦ, ᑲᕝᕕᒃᑯᑦ, ᐅᓯᒃᑯᑦ ᐊᒻᒪ ᐃᑎᒃᑯᑦ.

ᖁᐱᕐᓇᓯᒪᓂᕐᒧᑦ ᐅᙳᑖᖅᑎᑦᑎᓲᒥᒃ ᑲᐱᔭᐅᕚᓂᒡᓗᓂ ᑲᒪᒋᓂᖅ
• ᐆᓇᑲᑕᒃᑯᕕᑦ ᐊᒻᒪ ᐋᓂᐊᑲᑕᒃᑯᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᒪᐃᑲᑕᒃᑯᕕᑦ, Acetaminophen-ᒥᑦ ᐋᓯᔪᓐᓇᖅᐳᑎᑦ (Tylenol, Tempra ᐅᕝᕙᓘᓐᓃᑦ Ibuprofen (Advil, Motrin) ᓂᐊᖁᖅᓯᐅᒻᒥᒃ. ᓄᑕᖅᑲᑦ, ᐋᓯᑎᑉᐸᒡᓗᒋᑦ ᐃᔪᐊᖅᓴᐃᔨᐅᑉ ᐊᑐᖁᔭᖕᒐᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᓚᒍᕐᒥ ᑎᑎᕋᖅᓯᒪᔪᖅ ᒪᓕᒡᓗᒍ. • Asprin (ASA) ᑐᓂᔭᐅᔭᕆᐊᖅ**ᖃᙱᑦᑐᖅ** ᑭᓇᑐᐃᓐᓇᕐᒧᑦ ᐊᕙᑎᑦ ᑐᖕᒫᓂ ᐅᑭᐅᓕᖕᒧᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᖁᔨᙱᒧᑦ Reye Syndrome-ᒧᑦ, ᖃᕋᓴᕐᒥᑦ ᓱᕋᐃᓐᓇᖅᑯᓂ ᐃᓅᔪᓐᓃᖅᑎᑦᑎᔪᓐᓇᖅᑯᓂᓗ. • ᐱᒻᒪᕆᐅᔪᒥᑦ ᐊᑲᐅᙱᓕᐅᕈᑎᖃᓕᕈᕙᑦ ᓲᕐᓗ ᖃᓃᑦ/ᖃᖅᑯᐃᑦ ᐳᕙᓕᖅᐸᑦ, ᐅᕙᓂᒃᑯᑦ ᐊᐅᐸᖅᓯᓗᑎᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖄᖅᓯᑲᑕᓕᕐᓗᑎᑦ ᐃᕐᖠᓐᓇᖅ ᑐᐊᕕᕐᓇᖅᑐᓕᕆᓃᓄᐊᕆᐊᖃᖅᐳᑎᑦ ᐋᓂᐊᕐᕕᖕᒧᓪᓘᓐᓃᑦ. • ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ, ᐃᓱᒫᓘᑎᖃᕈᕕᓪᓘᓐᓃᑦ ᑲᐱᔭᐅᓚᐅᕐᓗᑎᑦ ᖃᓄᐃᕝᔪᑎᖃᓚᕈᕕᑦ, ᐃᔪᐊᖅᓴᐃᔨᒥᑦ ᐅᖃᖃᑎᖃᕆᐊᓖᖅᐳᑎᑦ.

Human Papillomavirus (HPV) Vaccine: A Guide for Parents

Your child can receive the HPV vaccine this year. This information sheet answers some of the common questions parents have about HPV vaccine.

What is HPV?

HPV stands for Human Papillomavirus. HPV is a virus passed from one person to another during sexual contact and is most common in people in their late teens and early 20s. HPV is very common in Canada, and most sexually active Canadians will be exposed to HPV at some point during their life.

What does HPV vaccine protect against?

The vaccine protects against some of the most common types of HPV. These types of HPV cause most cases of cervical cancer and genital warts. HPV can also cause cancers of the vagina and vulva in females, cancer of the penis in males, and cancers of the anus, mouth, or throat in both sexes. The HPV vaccine also gives some protection against other common types of HPV.

Is the vaccine safe?

The vaccine is very safe. Your child cannot become infected with HPV from the vaccine. The vaccine does not contain any antibiotics, preservatives, thimerosal, or mercury. Anyone who is allergic to the ingredients should not receive the vaccine.

What are the side effects of this vaccine?

The side effects for this vaccine are similar to the side effects your child may have had with other vaccines. Many people have pain, swelling, itching, bruising, and redness at the injection site. If your child has pain at the injection site, encourage them to move their arm around – this may help relieve the pain. Some people also have a headache, fever, nausea, dizziness, vomiting, and fainting. The benefits of receiving the vaccine outweigh the small risk of side effects.

How many shots does my child need?

Your child needs two doses of HPV vaccine if they are under 15 years old to get the best possible protection. If they are over 15 years old they need 3 doses. Make an appointment at the health centre or Public Health for the vaccines, or if your child misses a shot at school, make an appointment at the health centre or Public Health to catch him or her up.

Is my child too young to be receiving the HPV vaccine?

People are only protected if they receive the vaccine before they are exposed to the virus. Your child's immune system responds really well to vaccines at this age, so we are vaccinating now so they the best possible protection before they engage in sexual activity. HPV is really common in Canada, so even if your child waits until marriage to have sex, or only has one partner in the future, they could still be exposed if their partner is exposed.

Should my daughter still receive cervical cancer screening?

Yes. Even people who have been vaccinated against HPV should be screened for cervical cancer once they become sexually active.

Vaccin contre le virus du papillome humain (VPH) : Guide à l'intention des parents

Votre enfant peut se faire vacciner contre le VPH cette année. Cette fiche de renseignements répond aux questions les plus courantes que les parents se posent au sujet du vaccin contre le VPH.

Qu'est-ce que le VPH?

VPH signifie « virus du papillome humain ». Le VPH est un virus transmis d'une personne à une autre lors de relations sexuelles; il se manifeste davantage à la fin de l'adolescence et au début de la vingtaine. Le VPH est très courant au Canada et la plupart des Canadiens qui ont des relations sexuelles seront exposés au VPH à un moment donné au cours de leur vie.

Contre quoi le vaccin protège-t-il?

Il protège contre les types de VPH les plus courants. Ces types de VPH causent la plupart des cancers du col de l'utérus et des verrues génitales. Le VPH peut aussi causer des cancers du vagin et de la vulve chez les femmes, le cancer du pénis chez les hommes et des cancers de l'anus, de la bouche ou de la gorge chez les deux sexes. Le vaccin contre le VPH offre également une certaine protection contre d'autres types courants de VPH.

Le vaccin est-il sécuritaire?

Le vaccin est très sécuritaire. Il ne peut pas transmettre le VPH à votre enfant. Le vaccin ne contient pas d'antibiotiques, d'agents de conservation, de thimérosal ou de mercure. Toute personne qui est allergique aux composants devrait éviter de se faire vacciner.

Quels sont les effets secondaires du vaccin contre le VPH?

Ses effets secondaires sont semblables à ceux que votre enfant a pu subir à la suite d'autres vaccins. Bien des gens ont des douleurs, des enflures, des démangeaisons, des ecchymoses et des rougeurs au point d'injection. Si votre enfant ressent de la douleur au point d'injection, encouragez-le à bouger son bras; cela peut aider à soulager la douleur. Certaines personnes éprouvent également des maux de tête, de la fièvre, des nausées, des étourdissements, des vomissements et des évanouissements. Les avantages du vaccin dépassent de loin les faibles risques d'effets secondaires.

De combien d'injections mon enfant aura-t-il besoin?

Si votre enfant a moins de 15 ans, il aura besoin de deux injections de vaccin contre le VPH pour obtenir la meilleure protection possible. S'il a plus de 15 ans, il aura besoin de trois injections. Prenez rendez-vous au centre de santé ou communiquez avec la Santé publique pour obtenir un vaccin; si votre enfant manque une injection à l'école, prenez rendez-vous au centre de santé ou à la Santé publique pour qu'il se rattrape.

Mon enfant est-il trop jeune pour se faire vacciner contre le VPH?

Les gens ne sont protégés que s'ils se font vacciner avant d'être exposés au virus. Le système immunitaire de votre enfant réagit très bien aux vaccins; ainsi, nous administrons maintenant le vaccin pour qu'il bénéficie de la meilleure protection possible avant qu'il ne s'adonne à des activités sexuelles. Le VPH est très courant au Canada; par conséquent, même si votre enfant pratique l'abstinence sexuelle avant le mariage ou qu'il n'a qu'un seul partenaire à l'avenir, il pourrait toujours être exposé si son partenaire a été exposé.

Ma fille devrait-elle se soumettre au dépistage du cancer du col de l'utérus?

Oui. Même les personnes qui ont été vaccinées contre le VPH devraient subir un dépistage du cancer du col de l'utérus une fois qu'elles ont commencé à avoir des relations sexuelles.

Human Papillomavirus (HPV) Kapuut: Ikajuutikhaq Angajuqqaanun

Nutararijat kapiyauttaaktuq HPV kapuutikhaq umani ukiumi. Hamna kangiqhidjutikhaq titiraqhimayuq kiudjutikainik ilanginik apiqqutauvaktunik angayuqqaanit talvuuna HPV-mut kapuutikhaq.

Huna una HPV?

HPV naittumik tamnamut Human Papillomavirus. HPV aanniarutauvaktuq hiamitpakhunillu inungmit aallamut inungmut kuyangnikkut aktuagangamik aanniarutauliqpaktuqlu inuingnit ukiulingnit iulramminguhaktunit 20-nik ukiulingnut. HPV aanniarutauqattaliqpkatuq Kanatami, kuyakpalirmihimayut Kanatamiutat aanniarniaruunaqhiyut HPV qakugu inuuhirmingni.

Qanuqtut HPV kappuut aannialaitkutauvakpa taffuminga aanniarunmik?

Kappuutit aannialaitkutauvaktuq amihunut aallatqiiktunik HPV-mik. Hapkuat aallatqiiktut HPV pidjutauvaktut aallatqiiktunik hilviarmi kaansarnirmik apqunmillu uhukmi uttukmilu unngut. HPV aanniarutinguqtaaktuq kaansarnirmik nirukinningani iluannuangani arnat, kaansanguqlunilu uhuani angutit, kaansangugluni ittirmi, qanirmi uvaluuniit iggiarmilu tamarmik angutit arnatlu. HPV-mut kapuutikhaq aannialaitkutauvaktuq aallaniklu aallatqiiktunik aanniarutauvaktunik HPV-mut.

Taamna kapuutit havautit qajangnaitpat?

Tamna kapuutikhaq qayangnaitpiaktuq. Nutaraq aannialaqilimaittuq HPV-mik kapuunmit. Una kapuutikhaq piqangittuq hapkuninga antibiotics-nik, huungilaikutinik (preservatives), thimerosal-nik, uvaluuniit mercury-qangittuqlu. Kinaliqaak nakungikpakkumi (allergic) avvuinnut kapiyauyukhaungittuq kapuunmik.

Hunauvat qanurilitjutittaaqtuq umanga kapuutikhamit?

Qanurilitjutittaaqtuq umanga kapuutikhamit aadjikkutauvyaktut qanurilitjuttauvaktunut nutararnut aallanik kapiyauyarangami. Amihut inuit uluriahulaqivaktut, puvvittutiklu, kuumilaqiplutiklu, pautungiyalikhutiklu, auppadjakhunilu kappittirnia. Nutaqqat uluriahuliqqat kappittirniani, uqautilugit ingutaaqulugu talia – ikayuutauniarunaqhiyuq ulurianaivyakluni. Ilangit inuit niaqurliqpaktut, kidjakhutiklu, mirriangulaqiplutiklu, kaivvanguqhutiklu, miriaqhutiklu, nukiiktittutikluuniit. Ikayuutikhangit kapuutikhap amigaitqiyauyut mikiyunit nakungirutauvaktunit.

Qaffinik kapiyauyukhauva nutarara?

A: Nutaqqat malrungnik kapiyauyukhauyuq taffuminga HPV kapuutikhamik qaangiutihimaitpata 15-nin ukiuqaqtunun ihuarnirharmik aanniarlirnaitumik. Qaaniutihimakpata 15-nin ukiunin ukiuqarlutik pijakharijait pingahut kapuutikhat. Ihuaqhihidjavutinmunaqhiliarvikharnik Aanniarviliarvikharnikluuniit kapiyauvikhainik naunaiqhiyaraikpata, uval;uuniit nutaqqat ilihariangititlugu kapiyaungitpat iliharvingmi, munaqhiliarvikhanik ihuaqhaidjavutin.

Nutarara mikauvallaqqa kapiyauyamini HPV kapuutikharmik?

Inuit aannialiqtailivaktut kapiyauyarangamik hivuani aannialiqtinnagit aanniarunmit. Nutaqqavit timia nakuuhuiyuittuq kapuutinit ukiuqaqhuni, kapukhivaliqtugut aannialirnaitumik hivuani kuyayukhitinnagu. HPV aanniarutauqattaliqpaktuq Kanatami, nutaqqat katuhiqhiqqarnani kuyayukhikpat, uvaluuniit atauhirnarmik piqatiqaqpakpat hivunirmini, aanniarunmik aktuqtauttaaktut aippariyamingnit aanniarutiqaqhimakpat.

Paniga ihivriuqhiqtukhauva iggiarmigut kaansaqariakhanik?

Hii. Inuit kapiyauvakhimagaluakhutik kapuutikhamik aannialaitkutikhanik HPV ihivriuqtauyukhauyut iggiarmigut kaansaqariakhanik kuyayukhikpata.

Immunization Protocol for M-M-R®II

Measles, Mumps and Rubella (MMR)

Purpose	To provide information and guidance for measles, mumps and rubella (MMR) immunization in Nunavut for providers. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.	
Objective	To protect all Nunavummiut from the diseases and potential health complications of measles, mumps and rubella.	
Indication	Nunavut's publicly funded program is available for all Nunavummiut. See Eligibility and Dose Series for further details.	
Eligibility	All Nunavummiut ≥ 12 months of age as per scheduling listed below.	
Product	M-M-R®II	
Vaccine Type	Live attenuated vaccine	
Vaccine components	Live attenuated measles, mumps, and rubella virus strains. Sorbitol, Hydrolyzed gelatin, medium 199 with Hank's salts, sodium phosphate monobasic, sodium phosphate dibasic, sucrose, sodium bicarbonate, minimum essential medium Eagle, potassium phosphate dibasic, neomycin, monosodium L-glutamate monohydrate, potassium phosphate monobasic, phenol red, water for injection	
Formats available	The product is provided as a sterile, lyophilized, light yellow compact crystalline plug in a single-dose vial. The diluent is a sterile, clear, colourless fluid supplied separately in a single-dose vial. Ensure diluent is made by the same manufacturer.	
Manufacturer	Merck Canada Inc.	
Administration	Subcutaneous (SC) injection in the outer aspect of the upper arm. The vaccine must be reconstituted only with the diluent made by the same manufacturer and results in a clear yellow liquid.	
Dose Series	**Dose**	**Schedule**
Routine dosing for children who will not receive MMRV	0.5ml	2 doses routinely given at 12 months and 18 months of age
Unimmunized/ unknown immunization status in adults > 19 years born after 1970	0.5 ml	2 doses at least 4 weeks apart
Unimmunized/ unknown immunization status in adults born before 1970	0.5 ml	0 doses if low risk – presume acquired natural immunity
		1 dose if traveling or attending post-secondary education
		2 doses at least 4 weeks apart if: health care workers or military personnel
Booster Dose	Not Applicable	
Vaccine interchangeability	Priorix® and M-M-R® II can be used interchangeably.	

Contraindications	Anaphylactic reaction to a previous dose of MMR. • Previous anaphylactic reaction to any component of the MMR vaccine. • Impaired immune function. Please consult with RCDC and attending physician in cases where an individual is immunocompromised. • Active, untreated tuberculosis • Pregnancy. Counsel female recipients to avoid pregnancy for 1 month following immunization. If a recipient has received Immune Globulin products (including RabIg, HBIg, TIg, RhIg) or Blood products within the last 11 months, the MMR vaccine should be held until further consultation with RCDC. Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization.
Precautions and Additional Notes	Children with a history of an anaphylactic reaction after egg ingestion may be at an enhanced risk of immediate-type hypersensitivity reactions after vaccination, although these types of reactions have been shown to be very rare. Children who have experienced anaphylaxis after egg ingestion should be vaccinated with caution, with adequate treatment for anaphylaxis on hand should such a reaction occur. Schedule when a physician is available at the community health center for consultation and management. An egg allergy is not a contraindication for receiving the MMR vaccine. Individuals with current thrombocytopenia may develop more severe thrombocytopenia following vaccination with measles-mumps-rubella vaccines. For these individuals, please discuss with the attending physician and RCDC. MMR can be given concurrently with other vaccines using separate syringes at separate sites. MMR can be given concurrently with other live vaccinations (e.g. Varicella, BCG) or should be separated by an interval of at least 4 weeks. Tuberculin skin testing (TST) can be done on the same day as the MMR vaccine, or it should be delayed for at least 4 weeks. Measles-containing vaccines may exacerbate tuberculosis (TB) symptoms and are contraindicated in individuals with active, untreated TB as a precautionary measure. Consult RCDC if any individual is being investigated or treated for active TB prior to giving the vaccine. Do not give the MMR before a child's 1st birthday, or it will need to be repeated. There may be special circumstances (i.e. international travel, outbreak) when a child ≥ 6 months of age may require a MMR early. They will still require two doses ≥12 months of age. For women of childbearing age, Rubella titers are tested prenatally. If the titers are found to be low, in the post-partum period only (not during pregnancy): • In those with unknown immunization status – give 2 doses of MMR vaccine 4 weeks apart • In those with 1 documented MMR vaccine – give 2nd MMR vaccine • In those with 2 documented MMR vaccines – do not give any further MMR vaccine Vaccination recommendations have changed over time and there was a period of time where the 2nd vaccine in the series was only Measles and Rubella (MR) or Measles (M). If an individual has been vaccinated with MR or M, it is recommended that they receive a catch-up dose of MMR to protect them against Mumps as well (up to a maximum of 2 doses of MMR at least 4 weeks apart).

	Serological testing is not routinely recommended before or after immunization.
Vaccine ordering	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. **Protect from light.** **DO NOT FREEZE.** Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	The most frequent reaction (approximately 5% of immunized children) is malaise and fever with or without rash lasting up to 3 days and occurring 7 to 12 days after MMR immunization. Common (1 - < 10%): Injection site redness and pain Uncommon (0.1% - < 1%): otitis media, lymphadenopathy Rare (0.01% - < 0.1%): allergic reactions, febrile convulsions Transient thrombocytopenia may occur (rare)
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual. An Adverse Events Following Immunization (AEFI) form should be filled out for all children who have a febrile seizure within 30 days of receiving MMR vaccine.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Measles, Mumps, Rubella (MMR) Vaccine Fact Sheet
References	1. M-M-R®II Product Monograph. Merck Canada Inc. February 17, 2017. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for Priorix®

Measles, Mumps and Rubella (MMR)

Purpose	To provide information and guidance for measles, mumps and rubella (MMR) immunization in Nunavut for providers. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.	
Objective	To protect all Nunavummiut from the diseases and potential health complications of measles, mumps and rubella.	
Indication	Nunavut's publicly funded program is available for all Nunavummiut. See Eligibility and Dose Series for further details.	
Eligibility	All Nunavummiut ≥ 12 months of age as per scheduling listed below.	
Product	Priorix®	
Vaccine Type	Live attenuated vaccine	
Vaccine components	Live attenuated measles, mumps, and rubella virus strains. Amino acids, lactose, mannitol, water for injection, neomycin sulphate, sorbitol, and trace egg proteins.	
Formats available	The product is provided as a vial of lyophilized vaccine. The ampoule of diluent (sterile water for injection) is provided separately. Ensure diluent is made by the same manufacturer.	
Manufacturer	GlaxoSmithKline Inc.	
Administration	Subcutaneous (SC) injection in the outer aspect of the upper arm. The vaccine must be reconstituted only with the diluent made by the same manufacturer and results in a clear peach to fuchsia-pink coloured solution.	
Dose Series	**Dose**	**Schedule**
Routine dosing for children who will not receive MMRV	0.5ml	2 doses routinely given at 12 months and 18 months of age
Unimmunized/ unknown immunization status in adults > 19 years born after 1970	0.5 ml	2 doses at least 4 weeks apart
Unimmunized/ unknown immunization status in adults born before 1970	0.5 ml	0 doses if low risk – presume acquired natural immunity
		1 dose if traveling or attending post-secondary education
		2 doses at least 4 weeks apart if: health care workers or military personnel
Booster Dose	Not Applicable	
Vaccine interchangeability	Priorix® and M-M-R® II can be used interchangeably.	

Contraindications	• Anaphylactic reaction to a previous dose of MMR. • Previous anaphylactic reaction to any component of the MMR vaccine. • Impaired immune function. Please consult with RCDC and attending physician in cases where an individual is immunocompromised. • Active, untreated tuberculosis • Pregnancy. Counsel female recipients to avoid pregnancy for 1 month following immunization. If a recipient has received Immune Globulin products (including RabIg, HBIg, TIg, RhIg) or Blood products within the last 11 months, the MMR vaccine should be held until further consultation with RCDC. Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization.
Precautions and Additional Notes	Children with a history of an anaphylactic reaction after egg ingestion may be at an enhanced risk of immediate-type hypersensitivity reactions after vaccination, although these types of reactions have been shown to be very rare. Children who have experienced anaphylaxis after egg ingestion should be vaccinated with caution, with adequate treatment for anaphylaxis on hand should such a reaction occur. Schedule when a physician is available at the community health center for consultation and management. An egg allergy is not a contraindication for receiving the MMR vaccine. Individuals with current thrombocytopenia may develop more severe thrombocytopenia following vaccination with measles-mumps-rubella vaccines. For these individuals, please discuss with the attending physician and RCDC. MMR can be given concurrently with other vaccines using separate syringes at separate sites. MMR can be given concurrently with other live vaccinations (e.g. Varicella, BCG) or should be separated by an interval of at least 4 weeks. Tuberculin skin testing (TST) can be done on the same day as the MMR vaccine, or it should be delayed for at least 4 weeks. Measles-containing vaccines may exacerbate tuberculosis (TB) symptoms and are contraindicated in individuals with active, untreated TB as a precautionary measure. Consult RCDC if any individual is being investigated or treated for active TB prior to giving the vaccine. Do not give the MMR before a child's 1st birthday, or it will need to be repeated. There may be special circumstances (i.e. international travel, outbreak) when a child ≥ 6 months of age may require a MMR early. They will still require two doses ≥12 months of age. For women of childbearing age, Rubella titers are tested prenatally. If the titers are found to be low, in the post-partum period only (not during pregnancy): • In those with unknown immunization status – give 2 doses of MMR vaccine 4 weeks apart • In those with 1 documented MMR vaccine – give 2nd MMR vaccine • In those with 2 documented MMR vaccines – do not give any further MMR vaccine Vaccination recommendations have changed over time and there was a period of time where the 2nd vaccine in the series was only Measles and Rubella (MR) or Measles (M). If an individual has been vaccinated with MR or M, it is recommended that they receive a

	catch-up dose of MMR to protect them against Mumps as well (up to a maximum of 2 doses of MMR at least 4 weeks apart). Serological testing is not routinely recommended before or after immunization.
Vaccine ordering	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. **Protect from light.** **DO NOT FREEZE.** Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	The most frequent reaction (approximately 5% of immunized children) is malaise and fever with or without rash lasting up to 3 days and occurring 7 to 12 days after MMR immunization. Common (1 - < 10%): Injection site redness and pain Uncommon (0.1% - < 1%): otitis media, lymphadenopathy Rare (0.01% - < 0.1%): allergic reactions, febrile convulsions Transient thrombocytopenia may occur (rare)
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual. An Adverse Events Following Immunization (AEFI) form should be filled out for all children who have a febrile seizure within 30 days of receiving MMR vaccine.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Measles, Mumps, Rubella (MMR) Vaccine Fact Sheet
References	1. Priorix ® Product Monograph. GlaxoSmithKline Inc. January 12, 2015. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Fact Sheet

Measles, Mumps, Rubella (MMR) Vaccine

What is measles?
Measles is a virus that can spread easily between people. People with measles often have a high fever and rash. Measles can cause serious infections in your brain, ears, eyes and lungs. In the past, before vaccines, it was the leading cause of death for many children.

What is mumps?
Mumps is a virus that can spread between people from coughing or sneezing. It causes painful swelling of glands in the neck and may progress to cause deafness, swelling of the pancreas, testicles or ovaries, and brain. It can lead to sterility in men.

What is rubella?
Rubella is a virus that can spread between people from coughing or sneezing. People with Rubella often have mild fever, painful joints and a rash. For unimmunized pregnant women it can cause severe birth defects or miscarriage.

Who should receive the vaccine?
The MMR vaccine series of two doses is routinely given to all children at 12 and 18 months of age.

What are benefits of the vaccine?
It protects Nunavummiut from getting sick with measles, mumps and rubella.

It protects the community and those most at risk of complications from infection

Is the MMR vaccine safe?
Yes. The most common side effect is fever, rash and swollen glands that can happen around 1 to 3 weeks after the vaccine and can last for a couple days (at the most). This is a normal reaction to this vaccine and indicates that your body is making antibodies to these diseases. There may also be some redness and pain at the needle site. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, and/or difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. Therefore, **it is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Your healthcare provider is trained to treat anaphylaxis.

Who should talk with their healthcare provider before getting the MMR vaccine?
Tell your health care provider if you have had any of the following:

- Any allergic reaction to a previous dose of a vaccine.
- Allergy to any ingredient of the vaccine, including an egg allergy.
- Pregnancy
- A bleeding condition called *thrombocytopenia.*
- Any recent vaccines or blood product administration
- Any medical condition, treatment or medications that make you less able to fight off infections.

What is the risk of not getting the MMR vaccine?
Measles, mumps and rubella still exist in Canada and throughout the world. Without the recommended MMR vaccine you are at risk of getting these diseases.

Measles, Mumps and Rubella Vaccine After Care
• To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle. • Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death. • If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately. • If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

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ᐊᐅᐸᓪᓛᑦ, ᖃᓕᖅᓯᓇᐃᑦ, ᐊᐅᐸᓪᓛᓂᖅ (MMR) ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒧᑦ ᓱᓕᑦᑐᑎᒃ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᑭᓲᕙ ᐊᐅᐸᓪᓛᑦ?

ᐊᐅᐸᓪᓛᓐᓇᖅᑐᖅ ᖁᐱᕐᕉᕗᖅ ᐊᔪᕐᓇᙱᑦᑐᒃᑯ ᓯᐊᒻᒪᒍᑕᐅᕙᒃᑐᓂᑦ ᐃᓄᖕᓄᑦ. ᐃᓄᐃ ᐊᐅᐸᓪᓛᓐᓇᖅᑐᖃᖅᑐᐃᑦ ᖃᓂᒪᒐᔪᒃᐸᑦ ᐊᒻᒪ ᐊᒥᕐᓗᒐᔪᒃᐸᑦ. ᐊᐅᐸᓪᓛᓐᓇᖅᑐᑦ ᐋᓐᓂᐊᓕᕈᑕᐅᔪᓐᓇᒻᒪᕆᒃᐸᑦ ᖃᓇᓴᒧᑦ, ᓯᐅᑎᒧᑦ, ᐃᔾᔨᒧᑦ ᐊᒻᒪ ᐳᕙᖕᒧᑦ. ᐊᑐᖅᓯᒪᔪᖅ, ᑲᐴᑎᒨᖅᐸᓚᐅᕋᑎᒃ, ᐃᓅᔪᓐᓃᕈᑕᐅᓪᓗᐊᑕᖅᐸᓚᐅᖅᑐᖅ ᐊᒥᓱᓄᑦ ᓱᕈᓯᓄᑦ.

ᑭᓲᕙ ᖃᓕᖅᓯᓇᐃᑦ?

ᖃᓕᖅᓯᓇᐃᑦ ᖁᐱᕐᕉᕗᖅ ᐃᓄᖕᓄᑦ ᓯᐊᒻᒪᒍᑕᐅᔪᓐᓇᖅᑐᓂᑦ ᖁᐃᖅᓱᕐᓂᒃᑯᑦ ᐅᕙᓗᓐᓂ ᑕᒥᐅᔭᕐᓂᒃᑯᑦ. ᐋᓐᓂᐊᕐᓇᖅᑐᒥᒃ ᐳᕙᓕᕐᓇᖅᑐᓂᑦ ᖁᖓᓯᒃᑯᑦ ᐊᒻᒪ ᑐᓵᔨᓐᓂᖅᐸᓪᓚᐊᓐᓇᖅᑐᓂᑦ, ᐳᕙᓕᕐᓇᖅᑐᓂᒃ ᕿᑦᓴᓕᑳᖅᑯᑦ, ᐃᓱᕈᒃᑯᑦ ᐅᕙᓘᓐᓃᑦ ᒪᓐᓂᖃᐅᑎᒃᑯᑦ, ᐊᒻᒪ ᖃᕋᓴᒃᑯᑦ. ᓇᔾᔨᑎᑦᑎᔪᓐᓇᐃᓪᓕᑎᑦᑎᔪᓐᓇᖅᑐᖅ ᐊᖑᑎᓄᑦ.

ᑭᓲᕙ ᐊᐅᐸᓪᓛᓂᖅ?

ᐊᐅᐸᓪᓛᓂᖅ ᖁᐱᕐᕉᕗᖅ ᐃᓄᖕᓄᑦ ᓯᐊᒻᒪᒍᑕᐅᔪᓐᓇᖅᑐᓂᑦ ᖁᐃᖅᓱᕐᓂᒃᑯᑦ ᐊᕙᓗᓐᓂ ᑕᒥᐅᔭᕐᓂᒃᑯᑦ. ᐃᓄᐃ ᐊᐅᐸᓪᓛᓂᖃᖅᑐᐃᑦ ᖃᓂᒪᒐᔪᒃᐸᑦ, ᐋᓐᓂᐊᖅᐸᒃᑐᑎᑦ ᓇᒡᒍᐊᒥᒍᑦ ᐊᒻᒪ ᐊᒥᕐᓗᒃᐸᒃᑐᑎᑦ. ᐋᓐᓂᐊᖅᑖᕐᓇᕐᒥᑦᑐᒧᑦ ᑲᐱᔭᐅᓯᒪᙱᑦᑐᑦ ᓇᔾᔨᔪᓄᑦ ᐃᓗᓯᕐᓗᒻᒪᓇᒍᓐᓇᖅᑐᖅ ᐅᕙᓘᓐᓃᑦ ᓱᕋᐃᔪᓐᓇᖅᑐᖅ.

ᑭᓇ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒥᑦ ᐱᓪᓗᐊᖅᐸ?

ᐋᓐᓂᐊᓕᕉᒃᑯᑎᐅᔪᖅ ᒪᖅᑮᓪᓚᖕᒐᔪᓂᒃ ᑲᐱᓯᓂᐅᕗᖅ ᑕᒪᐃᓐᓄ ᓱᕈᓯᕐᓄᑦ 12 ᐊᒻᒪ 18ᓂᒃ ᑕᖅᑭᖅᑲᓕᙵᒐᑕᑦ.

ᑭᓲᕙᑦ ᐊᑑᑎᐅᔪᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒥᒃ?

ᓴᐳᒻᒥᔾᔨᐅᕗᖅ ᓄᓇᕗᒻᒥᐅᓂᒃ ᐋᓐᓂᐊᓕᑐᐃᓐᓇᓇᐊᖅᑲᖅᓂᖕᓂᓐᓇ ᐊᐅᐸᓪᓛᖅᒥᑦ, ᖃᓕᖅᓯᓇᐃᖅᒥᑦ ᐊᒻᒪ ᐊᐅᐸᓪᓛᓂᖅᒥᑦ.

ᓴᐳᒻᒥᔾᔨᐅᕗᖅ ᓄᓇᓕᖕᓄᑦ ᐊᒻᒪ ᑕᐃᒃᑯᐊ ᐊᑦᑕᕐᓇᖅᑐᒦᓛᖕᒥᑦ ᐊᔪᕐᓇᕐᓂᖕᒋᓐᓄᑦ ᐋᓐᓂᐊᓕᕈᐲᑦ

ᐋᓐᓂᐊᓕᕉᒃᑯᑎᐅᔪᖅ ᐊᑦᑕᕐᓇᙱᓛ?

ᐄ. ᖃᓄᐃᓐᓂᓇᓴᐅᒐᔪᒃᑐᑦ ᐆᓇᕐᓂᐅᕗᖅ, ᐊᒥᕐᓗᖕᓂᖅ ᐊᒻᒪ ᖃᓕᖅᓯᓇᒃᑯᑦ ᐳᓪᓕᕐᓂᖅ ᑕᐃᒪᐃᑦᑐᓐᓇᖅᑐᖅ 1ᒥᑦ 3ᒧᑦ ᐱᓇᓱᐊᕈᓰᑦ

ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒧᑦ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᒍᑦ ᐊᒻᒪ ᐅᓪᓗᑦ ᒪᕐᕉᖕᓄᑦ ᐊᑐᕈᓐᓇᖅᓱᓂᑦ (ᐊᑯᓂᐅᓛᖑᒐᑦ). ᑕᒪᓐᓇ ᐊᑐᖅᑕᐅᒐᔪᒃᐳᖅ ᑕᒪᑐᒧᖓ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒧᑦ ᐊᒻᒪ ᓇᑐᓇᐃᖅᓱᓂᑐ ᑎᒦᑦ ᓴᓇᓂᖓᓄᑦ ᑎᒥᐅᑉ ᓴᐳᓐᓂᐊᖅᑎᖕᖏᓐᓂᒃ ᑕᒪᒃᑯᓄᖕᒐ ᖃᓂᒪᓇᕐᓄᑦ. ᐱᑕᖅᑲᑐᐃᓐᓇᓇᐊᖅᑲᖅᒥᔪᖅ ᐊᐅᐸᖅᑐᓂᒃ ᐊᒻᒪ ᐃᒃᐱᖕᓂᓗᓂᑦ ᑲᐱᔭᐅᕙᖕᒐᓂᑦ. ᐊᒥᓱᑦ ᐃᓄᐃ ᖃᓄᐃᓐᓂᓇᓴᐅᒐᔪᒃᑐᓂᑦ ᐊᑐᖅᐸᙱᑦᑐᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᐅᔪᒥᒃ ᑲᐴᖅᑕᐅᓚᐅᖅᑎᓪᓗᒋᑦ.

ᐋᓐᓂᐊᓕᕉᒃᑯᑎᓕᒫᓂᒃ, ᐊᑦᑎᒃᑐᒻᒪᓇᖕᒥᑦ ᐊᑐᑐᐃᓐᓇᓇᐊᓕᒃ ᑎᒥᐅᑉ ᐱᐅᒋᙱᒻᒪᓇᒃᑕᖕᒐᓂᑦ ᑕᐃᔭᐅᔪᖅ ᑎᒻᒥᐅᑉ ᓈᒻᒪᒋᙱᑕᖕᒐᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᑐᓂᖅ. ᑎᒻᒥᐅᑉ ᓈᒻᒪᒋᙱᑕᖕᒐᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᑐᓂᖅ ᓴᖅᑮᔭᓲᖕᒍᕗᖅ ᐅᕙᓂᒡᒍᖕᓂᑐᑦ, ᐊᒥᕐᓗᖕᓂᖅ, ᐳᕙᓐᓂᖅ ᖃᓂᕐᒥᑦ, ᐊᒻᒪ/ᐅᕝᕙᓘᓐᓃᑦ ᐊᓂᖅᑎᓇᒃᑲᕐᓂᖅ. ᑕᒪᓐᓇ ᐊᑐᖅᑕᐅᓲᖅ 15 ᒥᓇᑦ ᐃᓗᐊᓂᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒥᑦ ᑲᐴᖅᑕᐅᓚᐅᖅᑎᓪᓗᒍᑦ. ᑕᐃᒪᐃᒻᒪᑦ, **ᐋᓐᓂᐊᕐᕕᖕᒥᒃᑲᓐᓂᓚᐅᖅᑯᔭᐅᕗᑎᑦ 15 ᒥᓇᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒧᑦ ᑲᐴᖅᑕᐅᓚᐅᖅᑎᓪᓗᑎᑦ**. ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᓕᒻᒪᒃᓴᖅᓯᒪᔪᑦ ᑲᒪᒋᔭᖅᑲᖅᓂᖅᒧᑦ ᑎᒻᒥᐅᑉ ᓈᒻᒪᒋᙱᑕᖕᒐᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᑐᓂᖅᒧᑦ.

ᑭᓇ ᐅᖃᖃᑎᖃᓪᓗᐊᖅᐸ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᒐᓄᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒧᑦ ᑲᐱᔭᐅᓚᐅᙱᓐᓂᓗᓂᑦ?

ᐅᖃᐅᑎᓗᒍ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓇᓕᐊᖕᓂᑐᐃᓐᓇᖅ ᒪᑯᓂᖓ ᐊᑐᕐᓂᑰᕕᑦ:

- ᖃᓄᑐᐃᓐᓇᖅ ᑎᒦᑦ ᓈᒻᒪᒃᓴᙱᓐᓂᕈᓂᒃ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒥᒃ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᑎᑦ.
- ᑎᒦᑦ ᓈᒻᒪᒋᔭᖅᑲᙱᒃᑯᓂᑦ ᓇᓕᐊᖕᓂᑐᐃᓐᓇᖅ ᐃᓚᒃᓴᓇᓴᐅᔪᒥᒃ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᐅᔪᒥᑦ, ᐃᓚᐅᑦᑐᓂᑦ ᒪᓐᓂᖕᓂᑦ ᑎᒥᒃᒧᑦ ᐱᐅᒃᓴᙱᓐᓂᖅ.
- ᓇᔾᔨᒍᑎᑦ
- ᐊᐅᖕᓂᖅ ᑕᐃᔭᐅᔪᖅ (*thrombocytopenia*).
- ᖃᓂᑦᑐᒃᑯᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒥᒃ ᑲᐱᔭᐅᓚᐅᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᐅᓕᓇᔭᐅᓚᐅᕈᕕᑦ
- ᖃᓄᑐᐃᓐᓇᖅ ᐋᓐᓂᐊᕈᕕᑦ, ᖃᐅᔨᓴᖅᑕᐅᒍᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐄᔭᒐᕈᕕᒃ ᐃᓕᖕᓂᑦ ᓴᙱᓕᕐᓂᖅᓴᐅᓕᖅᑎᑦᑎᓗᓂᒃ ᐊᒻᒪᑎᕐᓂᖅᑕᐃᓕᒪᓂᕐᒧᑦ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓇᖅᐸ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒥᒃ ᑲᐱᔭᐅᙱᑦᑐᓂᑦ?

ᐊᐅᐸᓪᓛᑦ, ᖃᓕᖅᓯᓇᐃᑦ, ᐊᐅᐸᓪᓛᓂᖅ ᓱᓕ ᐱᑕᖅᑐᑦ ᑲᓇᑕᒥᑦ ᐊᒻᒪ ᓄᓇᕐᔪᐊᓕᒫᒥᒃ. ᐊᑐᖅᑯᔭᐅᔪᖅ ᐋᓐᓂᐊᓕᕉᒃᑯᑎ ᐊᑐᙱᑦᑐᒧᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᑉᐳᑎᑦ ᑕᒪᒃᑯᓂᖓ ᖃᓂᒪᓇᖅᑖᓇᐊ.

ᐊᐅᐸᓪᓛᑦ, ᖃᓕᖅᓯᓇᐃᑦ, ᐊᐅᐸᓪᓛᓂᖅ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᓕᓇᓴᐅᕝᕕᖕᓂᖅ

- ᐊᐅᓚᑦᑐᒪᑐᒧᑦ ᐆᓇᕐᓂᖅ ᐊᒻᒪ ᐋᓐᓂᐊᑐᐊᙱᖅᔫᒥᔪᒪᑐᓂᑦ, ᓂᐊᖁᖅᓯᐅᒻᒥᑦ ᐋᓯᔪᓐᓇᖅᑐᑎᑦ (Tylenol, Tempra) ᐅᕝᕙᓘᓐᓃᑦ ᓂᐊᖁᖅᓯᐅᑦ (Advil, Motrin). ᓱᕈᓯᕐᓄᑦ, ᐋᓯᑎᑉᐸᓪᓗᒧᑦ ᐊᑐᖅᑯᔭᐅᕙᕐᒥᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᒐᓂᑦ ᐋᔭᒃᑯᕕᖕᒐᓂᑦ.
- Aspirin (ASA) **ᑐᓂᔭᐅᔭᕆᐊᖅᑲᙱᑦᑐᑦ** ᑭᓇᑐᐃᓐᓇᖅᑐᑦ 20 ᑐᖕᒑᓂᑦ ᐊᖏᒍᓕᖕᓄᑦ ᐊᑦᑕᕐᓇᕐᓂᖕᒥᓄᑦ (Reye Syndrome), ᖃᓇᓴᒧᑦ ᓱᕋᐃᔪᓐᓇᖅᑐᖅ ᐊᒻᒪ ᐃᓅᔪᓐᓃᖅᑎᑦᑎᔪᓐᓇᖅᑐᖅ.
- ᐊᑐᕈᕕᒃ ᖃᓄᐃᓐᓇᖅ ᐊᖏᔪᒥᒃ ᖃᓄᐃᓐᓂᓇᓴᐅᒐᔪᒃᑐᓂᑦ ᓱᓕᓗ ᐳᕙᓕᕐᓂᖅ ᖃᓂᒃᑯᑦ/ᐅᖅᑯᑦ, ᐊᒥᕐᓗᓕᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖁᐱᖅᓯᓕᕈᕕᑦ ᐊᑏ ᑐᐊᕕᕐᓇᖅᑐᓕᐊᕐᓗᑎᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᕕᒃᑯᑦ ᐃᖕᒋᓐᓇᖅ.
- ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᖃᖅᑲᕈᕕᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᓱᒪᒃᓴᖅᓯᐅᖅᑲᕈᕕᑦ ᖃᓄᐃᓕᐅᖅᑕᐅᓂᖓᓂᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒧᑦ, ᐅᖃᐅᑎᓗᒍ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ.

Kangikhitjutikhaq

Measles, Mumps, Rubella (MMR) Kapuutikhamut

Huna una measles?
Measles aanniarut hiamittaaktuq inungni. Inuit aanniarutikaktut measles-mik kitjakpaktut amiklikhutiklu. Measles aanniarutikakyuangnaqtut qaritami, hiutingni, iini puvakmilu. Kangaraaluk, kapuutikhakaktinnagit, angitqiyauyuugaluaq tuqutjutini amihunut nutaqqanut.

Huna una mumps?
Mumps aanniarut hiamitpaktuq inungni kalaktuqtuni tagyuqtunilu. Ulurianaqtumik puvinnaktuq qiniqhinani qunguhirmi ilaanilu tuhaalimaikhutik taimaa, puvittunilu nigvikmi,igyukmi igliamiluuniit, qaritakmilu. Ilaanitauk angutit nutarakhaliurutikhaikhutik.

Huna una rubella?
Rubella aanniarut hiamitpaktuq inungni kalaktuqtuni tagyuqtunilu. Inuit aanniarutikaktut Rubella-mik kitjavyakpaktut, ulurianaqhuni ipigingniqni amiklukhutiklu. Kapuqhiriaqtuqhimaittunut arnanut hingaiyunutauk mirraangit timikkut ihuirutiniaqtut angiyumik ilumiutaiklutikluuniit anivikhaa tikitinnagu.

Kitkut kapurhiktughauvat havautimik?
Una MMR-mut kapuutikhat malruhikturlugu taima tunivagaat tamainnut nutaqqanut ukiuliknik 12-mit 18-mut tatqirhiutini.

Hunat ikayuutikhariyait kapuutikhamut havautiqaqtumik?
Ikayuutigivagait Nunavunmiutat aanniarutiqaqtailinirmut ukuninga measles, mumps unalu rubella.

Munarivagait nunallaamiutat tahapkuallu aanniartaaqtut ayuqhautikaklutiklu aanniarutimit.

Una MMR-mut kapuutikhaq qayangnaitpa?
Ihi. Aanniarutaulluaqpaktut kitjakniq, uvinirlukniq puvittutiklu qiniqhiniit taimailivakhutik atauhiqmit pingahunut havainiqni kapukhiriuiqhimalikkata hivitunianilu ikittuni ubluni (amigaitqiyaani).

Taimaitpaktuq kapuutimit havautikaktumit naunaitkutarivlugutauk timit ikayuutikhaliuliktumik (antibodies) ukununga aanniarutinut. Aupatjakniarungnaqhiyuk ulurianaqhilunilu kapukhirviani. Amihut inuit naunaktukangittut aanniarutinik kapuutimut.

Tamainnut kapuutinut, pitjutikhakalluangittuq angiyumik timimut nakuunngirutauyaaqtunut atiqaqtumik *anaphylaxis-mik.* Anaphylaxis naunaikpaktut kukuvalaktut, amiklukhutik, pivittutik qanikmi, anirhaalimaikhutik ayuqhalikhutik. Imaittut ihuirutit pivaktut 15 minutes-ni kapukhiraangata. **Munarhiqarvikmiittughauyutit 15 minutes-ni kapukhiruvit humiklikaak**. Anaphylaxis munariyauttaaqtuq munaqhigiyatit ayuiqhaqhimayullu ikayuriamingni.

Kitkut uqaqtughauvat munaqhimingnut kapukhiktinnatik MMR-mut kapuutikhamut havautimut?
Uqaqvigilugit munaqhit nutaqqat ukuninga pitjutikhaqaqqat ataani ittutut:

- Hunalikaak timimut nakunngirutauyaaktut kanga kapuutigiyamut havautikaktumik.
- Timimut nakunngirutauyaaktut hunamutlikaak ittumi kapuutimi havautinganit, unamu manniknut timimut nakunngirutauyaaktut.
- Hingiyunut
- Aungniq aanniarut atiqaqtuq imaa *thrombocytopenia.*
- Kangannuaq kapuutit aumiklu pitjutigihimayait
- Hunalikaak havautinut pitjutaa, munaqhitjutit havautilluuniit ikayuutaungittut aanniarutinut.

Hunat ayuqhautiginiaqtait kapukhirngitkumik uuminga MMR-mut kapuutikhamik havautiqaqtumik?
Measles, mumps unalu rubella tadja ittut Kanatami nunakyuamilu. Pingitkungni kapuutikhak havautilikmik pitquyauhimayuq MMR-mut ukuninga aanniarutiqaqtaaktutit.

Measles, Mumps unalu Rubella Kapukhiruiqhimalikata Munaritjutikhaq
• Kitjakyuaqnaittumik uluriahukpiaknaittumiklu, ukuninga havautituktaaqtutit Acetaminophen (Tylenol, Tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, havautituktitlugit naunaikhimayainut munaqhit havautit puunganitluuniit.
• Aspirin (ASA) **TUNIYAKHAUNGITTUQ** inungnut kimutlikaak ukiuqangittunut tikihimaittugu 20-nik ukiuni aanniarutinikniarungnaqhingmata uuminga Reye Syndrome, inuuhirmi taimaa kagitarliknaqmat tuqulutikluuniit.
• Ayuqhautiqaruvit aanniarutinut ukunatut puvitpat qaniq/umilruk, kukvalaq qiuqhiulikkataluuniit munaqhiliaktughat aanniarvikmulluuniit qilamiuqlutik.
• Apiqhuutiqaruvit,ihumaalukkuvitluuniit ihuirutikhamut havautimit kapuutikkut,uqaqvigilugu munaqhit.

Feuille de renseignements

Vaccin contre la rougeole, la rubéole et les oreillons (RRO)

Qu'est-ce que la rougeole ?

La rougeole est un virus qui peut se transmettre facilement entre les personnes. Les gens développant la rougeole ont souvent une fièvre élevée et des éruptions. La rougeole peut causer des infections graves à votre cerveau, vos oreilles, vos yeux et vos poumons. Dans le passé, avant le développement des vaccins, c'était la principale cause de mortalité chez les enfants.

Qu'est-ce que les oreillons ?

Les oreillons sont causés par un virus qui se propage entre les personnes par la toux ou les éternuements. Le virus cause une enflure douloureuse des ganglions du cou et peut progresser jusqu'à causer une surdité ainsi que l'enflure du pancréas, des testicules ou des ovaires et également du cerveau. Il peut mener à la stérilité chez les hommes.

Qu'est-ce que la rubéole ?

La rubéole est causée par un virus qui se propage entre les personnes par la toux ou les éternuements. Les gens qui ont contracté la rubéole ont souvent une fièvre légère, des douleurs aux articulations et des éruptions. Sur les femmes enceintes non immunisées, la rubéole peut causer des malformations congénitales importantes ou une fausse couche.

Qui devrait recevoir le vaccin ?

La série de vaccins RRO de deux doses est administrée systématiquement à tous les enfants à 12 et 18 mois.

Quels sont les avantages du vaccin ?

Il protège les Nunavummiut contre la rougeole, les oreillons et la rubéole.

Il protège la communauté et ceux le plus à risque de développer des complications reliées à une infection causée par ces maladies.

Est-ce que le vaccin RRO est sécuritaire ?

Oui. Les effets secondaires les plus communs sont la fièvre, les éruptions et l'enflure des ganglions qui peuvent se produire environ 1 à 3 semaines suivant l'administration du vaccin et peuvent durer pendant quelques jours (au maximum). Il s'agit d'une réaction normale à ce vaccin et indique que votre corps fabrique des anticorps contre ces maladies. Il peut également y avoir un peu de rougeur et de douleur près du point d'injection. Plusieurs personnes ne subissent aucun effet secondaire dû au vaccin.

Peu importe le vaccin, il y a toujours une très faible chance que se produise une réaction allergique grave appelée *anaphylaxie*. Les symptômes d'un choc anaphylactique sont l'urticaire, les éruptions, le gonflement/l'enflure de la bouche et/ou de la difficulté à respirer. Ce type de réaction se produit habituellement dans un délai de 15 minutes à la suite de l'administration d'un vaccin. Il est donc **recommandé de demeurer à la clinique pendant 15 minutes à la suite de l'administration d'un vaccin**. Tout professionnel de la santé est formé pour traiter l'anaphylaxie.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin RRO?

Mentionnez-le au professionnel de la santé si l'une des situations suivantes vous concerne :

- Vous avez déjà eu une réaction allergique suite à une dose précédente d'un vaccin.
- Une allergie à tout ingrédient contenu dans le vaccin, y compris une allergie aux oeufs.
- Vous êtes enceinte
- Un type d'hémorragie appelé *thrombocytopénie.*
- Tous vaccins ou produits du sang administrés récemment
- Une condition médicale, un traitement ou une médication qui vous rendent moins apte à vous défendre contre des infections.

Quel est le risque lié au fait de ne pas recevoir le vaccin RRO ?

La rougeole, les oreillons et la rubéole sont toujours actifs au Canada et ailleurs dans le monde. Sans le vaccin RRO recommandé, vous êtes à risque de contracter ces maladies.

Soins à apporter après l'administration du vaccin contre la rougeole, les oreillons et la rubéole

- Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Administrez à votre enfant la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort.
- Si vous ressentez quelque effet secondaire important que ce soit tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions, veuillez vous rendre à l'urgence de l'hôpital ou dans un centre de santé immédiatement.
- Si vous avez d'autres questions ou êtes inquiet par une réaction due au vaccin, consultez un professionnel de la santé.

Immunization Protocol for PRIORIX-TETRA®
Measles, Mumps, Rubella, Varicella (MMRV)

Purpose	To provide information and guidance for measles, mumps, rubella, varicella (MMRV) immunization in Nunavut for providers. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the illness and complications of measles, mumps, rubella, and varicella. The vaccine has an efficacy of 85-100%.
Indication	Nunavut's publicly funded childhood primary series is available for Nunavummiut aged 12 months through 12 years of age.
Eligibility	The vaccine is routinely offered to children at 12 months and 18 months of age. Children less than 12 months of age are not eligible for this vaccine. If the vaccine is given prior to 12 months of age, it will need to be repeated. For all other Nunavummiut requiring MMR or Varicella immunization, refer to specific MMR and Varicella protocols.
Product	PRIORIX-TETRA®
Vaccine Type	Live attenuated vaccine
Vaccine components	Live attenuated measles, mumps, rubella, and varicella virus strains. Amino acids, lactose, mannitol, sorbitol, water for injection, neomycin sulphate, trace egg protein.
Formats available	Sterile powder and diluent (prefilled syringe, ampoule or vial) with or without needles.
Manufacturer	GlaxoSmithKline Inc.
Administration	Subcutaneous (SC) injection in the outer aspect of the upper arm. Prior to administration, inspect the reconstituted solution for particulate matter and discolouration. The reconstituted solution should be clear peach to fuchsia pink in colour.
Dose Series	2 dose schedule (0.5mL). First dose given at age 12 months Second dose given at age 18 months
Booster Dose	Not applicable
Vaccine interchangeability	It is recommended that the same MMRV vaccine be used to complete the schedule unless there are unavoidable barriers (e.g., the vaccine used for the first dose is not available). If the MMRV vaccine is not available, or if parents/guardians choose not to give the MMRV vaccine, MMR and varicella vaccines may be given separately. Review MMR and varicella protocols specifically for more details.
Contraindications	▪ Anaphylactic reaction to a previous dose of MMR or Varicella. ▪ Previous anaphylactic reaction to any component of the MMRV vaccine. ▪ Impaired immune function. Please consult with RCDC and attending physician in cases where an individual is immunocompromised.

	▪ Active, untreated tuberculosis ▪ Pregnancy. Counsel female recipients to avoid pregnancy for 1 month following immunization ▪ Vaccination should be delayed in individuals on antiviral medication, such as acyclovir. Consult RCDC and attending physician. If a recipient has received Immune Globulin products (including RabIg, HBIg, TIg, RhIg) or Blood products within the last 11 months, the MMRV vaccine should be held until further consultation with RCDC. Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization.
Precautions and Additional Notes	Children with a history of an anaphylactic reaction after egg ingestion may be at an enhanced risk of immediate-type hypersensitivity reactions after vaccination, although these types of reactions have been shown to be very rare. Children who have experienced anaphylaxis after egg ingestion should be vaccinated with caution, with adequate treatment for anaphylaxis on hand should such a reaction occur. Schedule when a physician is available at the community health center for consultation and management. An egg allergy is not a contraindication for receiving the MMRV vaccine. Individuals with current thrombocytopenia may develop more severe thrombocytopenia following vaccination with measles-mumps-rubella vaccines. For these individuals, please discuss with the pediatrician and RCDC. Consult RCDC and attending pediatrician for individuals currently being treated with salicylates prior to giving MMRV vaccine. The manufacturer recommends avoidance of salicylate use for six weeks after MMRV immunization because of an association between wild-type varicella, salicylate therapy and Reye's syndrome. Attending pediatricians should weigh the theoretical risks associated with varicella vaccine against the known risks associated with wild-type varicella infection and children and adolescents with conditions requiring chronic salicylate therapy should be considered for immunization, with close subsequent monitoring. MMRV can be given concurrently with other vaccines using separate syringes at separate sites. MMRV can be given concurrently with other live vaccinations or it needs to be separated by an interval of at least 4 weeks. Tuberculin skin testing (TST) can be done on the same day as the MMRV vaccine, or it should be delayed for at least 4 weeks. Measles-containing vaccines may exacerbate tuberculosis (TB) symptoms and are contraindicated in individuals with active, untreated TB as a precautionary measure. Consult RCDC if any child is being investigated or treated for active TB prior to giving the vaccine. There is evidence that combination MMRV vaccine products are associated with a small but increased risk of febrile seizures in the 5 to 12 days following immunization. This risk is estimated at about 1 additional febrile seizure for every 2,300 to 2,800 doses of MMRV vaccine. Parents/guardians should receive information on the increased risk of seizure, as well as preventative measures. Immunizers may offer separate MMR and Varicella immunizations if parents/guardians do not give consent for MMRV. Serological testing is not routinely recommended before or after immunization.

Vaccine ordering	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. **Protect from light.** **DO NOT FREEZE**. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	Common: Injection site redness, swelling, and pain. Fever, irritability, rash and same side effects as MMR. Uncommon: Upper respiratory tract infection, swollen glands, diarrhea, vomiting, loss of appetite, fatigue, runny nose, febrile seizures.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual. An Adverse Events Following Immunization (AEFI) form should be filled out for all children who have a febrile seizure within 30 days of receiving MMRV vaccine.
Vaccine coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the Government of Nunavut Department of Health website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Measles, Mumps, Rubella, Varicella (MMRV) Fact Sheet
References	1. PRIORIX-TETRA® Product Monograph. GlaxoSmithKline Inc. October 24, 2014. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. National Advisory Committee on Immunization. An Advisory Committee Statement: Statement on Measles-Mumps-Rubella-Varicella Vaccine. September 2010. Available at: https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2010-36/canada-communicable-disease-report-14.html. 4. National Advisory Committee on Immunization. An Advisory Committee Statement: Update on Measles-Mumps-Rubella-Varicella Vaccine and Febrile Seizures. April 2016

Immunization Protocol for ProQuad®
Measles, Mumps, Rubella, Varicella (MMRV)

Purpose	To provide information and guidance for measles, mumps, rubella, varicella (MMRV) immunization in Nunavut for providers. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the illness and complications of measles, mumps, rubella, and varicella. The vaccine has an efficacy of 85-100%.
Indication	Nunavut's publicly funded childhood primary series is available for Nunavummiut aged 12 months through 12 years of age.
Eligibility	The vaccine is routinely offered to children at 12 months and 18 months of age. Children less than 12 months of age are not eligible for this vaccine. If the vaccine is given prior to 12 months of age, it will need to be repeated. For all other Nunavummiut requiring MMR or Varicella immunization, refer to specific MMR and Varicella protocols.
Product	ProQuad®
Vaccine Type	Live attenuated vaccine
Vaccine components	Live attenuated measles, mumps, rubella, and varicella virus strains. Sucrose, hydrolyzed gelatin, urea, sodium chloride, sorbitol, monosodium L-glutamate, sodium phosphate, recombinant human albumin, sodium bicarbonate, potassium phosphate, potassium chloride, residual components, neomycin, bovine serum albumin.
Formats available	A package of 10 single-dose vial of lyophilized vaccine and a separate package of 10 vials of diluent.
Manufacturer	Merck Canada Inc.
Administration	Subcutaneous (SC) injection in the outer aspect of the upper arm. Prior to administration, inspect the reconstituted solution for particulate matter and discolouration. The reconstituted solution should be clear pale yellow to light pink in colour.
Dose Series	2 dose schedule (0.5mL). First dose given at age 12 months Second dose given at age 18 months
Booster Dose	Not applicable
Vaccine interchangeability	It is recommended that the same MMRV vaccine be used to complete the schedule unless there are unavoidable barriers (e.g., the vaccine used for the first dose is not available). If the MMRV vaccine is not available, or if parents/guardians choose not to give the MMRV vaccine, MMR and varicella vaccines may be given separately. Review MMR and varicella protocols specifically for more details.

Contraindications	▪ Anaphylactic reaction to a previous dose of MMR or Varicella. ▪ Previous anaphylactic reaction to any component of the MMRV vaccine. ▪ Impaired immune function. Please consult with RCDC and attending physician in cases where an individual is immunocompromised. ▪ Active, untreated tuberculosis ▪ Pregnancy. Counsel female recipients to avoid pregnancy for 1 month following immunization ▪ Vaccination should be delayed in individuals on antiviral medication, such as acyclovir. Consult RCDC and attending physician. If a recipient has received Immune Globulin products (including RabIg, HBIg, TIg, RhIg) or Blood products within the last 11 months, the MMRV vaccine should be held until further consultation with RCDC. Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization.
Precautions and Additional Notes	Children with a history of an anaphylactic reaction after egg ingestion may be at an enhanced risk of immediate-type hypersensitivity reactions after vaccination, although these types of reactions have been shown to be very rare. Children who have experienced anaphylaxis after egg ingestion should be vaccinated with caution, with adequate treatment for anaphylaxis on hand should such a reaction occur. Schedule when a physician is available at the community health center for consultation and management. An egg allergy is not a contraindication for receiving the MMRV vaccine. Individuals with current thrombocytopenia may develop more severe thrombocytopenia following vaccination with measles-mumps-rubella vaccines. For these individuals, please discuss with the pediatrician and RCDC. Consult RCDC and attending pediatrician for individuals currently being treated with salicylates prior to giving MMRV vaccine. The manufacturer recommends avoidance of salicylate use for six weeks after MMRV immunization because of an association between wild-type varicella, salicylate therapy and Reye's syndrome. Attending pediatricians should weigh the theoretical risks associated with varicella vaccine against the known risks associated with wild-type varicella infection and children and adolescents with conditions requiring chronic salicylate therapy should be considered for immunization, with close subsequent monitoring. MMRV can be given concurrently with other vaccines using separate syringes at separate sites. MMRV can be given concurrently with other live vaccinations or it needs to be separated by an interval of at least 4 weeks. Tuberculin skin testing (TST) can be done on the same day as the MMRV vaccine, or it should be delayed for at least 4 weeks. Measles-containing vaccines may exacerbate tuberculosis (TB) symptoms and are contraindicated in individuals with active, untreated TB as a precautionary measure. Consult RCDC if any child is being investigated or treated for active TB prior to giving the vaccine. There is evidence that combination MMRV vaccine products are associated with a small but increased risk of febrile seizures in the 5 to 12 days following immunization. This risk is estimated at about 1 additional febrile seizure for every 2,300 to 2,800 doses of MMRV vaccine. Parents/guardians should receive information on the increased risk of seizure, as well as preventative measures. Immunizers may offer separate MMR and Varicella

	immunizations if parents/guardians do not give consent for MMRV. Serological testing is not routinely recommended before or after immunization.
Vaccine ordering	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. **Protect from light.** **DO NOT FREEZE**. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	Common: Injection site redness, swelling, and pain. Fever, irritability, rash and same side effects as MMR. Uncommon: Upper respiratory tract infection, swollen glands, diarrhea, vomiting, loss of appetite, fatigue, runny nose, febrile seizures.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual. An Adverse Events Following Immunization (AEFI) form should be filled out for all children who have a febrile seizure within 30 days of receiving MMRV vaccine.
Vaccine coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the Government of Nunavut Department of Health website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Measles, Mumps, Rubella, Varicella (MMRV) Fact Sheet
References	1. ProQuad® Product Monograph. Merck Canada Inc. November 21, 2016. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. National Advisory Committee on Immunization. An Advisory Committee Statement: Statement on Measles-Mumps-Rubella-Varicella Vaccine. September 2010. Available at: https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2010-36/canada-communicable-disease-report-14.html. 4. National Advisory Committee on Immunization. An Advisory Committee Statement: Update on Measles-Mumps-Rubella-Varicella Vaccine and Febrile Seizures. April 2016

Fact Sheet

Measles, Mumps, Rubella, Varicella Vaccine

What is measles?

Measles is a virus that can spread easily between people from coughing or sneezing. People with measles often have a high fever and rash. Measles can cause serious infections in your brain, ears, eyes and lungs. In the past, before vaccines, it was the leading cause of death for many children.

What is mumps?

Mumps is a virus that can spread between people from coughing or sneezing. It causes painful swelling of glands in the neck and may progress to cause deafness, swelling of the pancreas, testicles or ovaries, and brain. It can lead to sterility in men.

What is rubella?

Rubella is a virus that can spread between people from coughing or sneezing. People with Rubella often have mild fever, painful joints and a rash. For unimmunized pregnant women it can cause severe birth defects or miscarriage.

What is Varicella (Chickenpox)?

Chickenpox is a viral disease that spreads from one person to another by coughing, sneezing, through saliva, as well as direct contact from weeping blisters. Complications include skin infections, pneumonia, infections in and around the brain, and even death. Those who have had the disease can get shingles later in life. For unimmunized pregnant women, varicella infection can cause severe birth defects or miscarriage.

Who should receive the vaccine?

The MMRV vaccine series of two doses should be given to all children. The first dose is given at 12 months of age and the second dose is given at 18 months of age.

What are benefits of the vaccine?

It protects Nunavummiut from getting sick with measles, mumps, rubella, and chickenpox and reduces the risk of getting shingles in adulthood.

It protects the community and those most at risk of complications from infection.

Is the vaccine safe?

Yes. The most common side effects are a fever and a rash (spots and/or blisters). There may also be some redness and pain at the needle site. Many people have no side effects at all from the vaccine.

Children are a slightly increased risk of having a febrile seizure 5-12 days after receiving MMRV vaccine. A febrile seizure is a brief seizure because of a high fever. Children who have febrile seizures will return to normal fairly quickly afterwards and there is no long-term harm. If your child has a seizure, they should be assessed at health center or hospital. It is recommended that you monitor your child for fever and give Acetaminophen or Ibuprofen as recommended, as these medications can lower fever and help to prevent a febrile seizure. Talk to your healthcare provider if your have any questions or concerns.

With all vaccines, there is a very rare chance of a severe allergic reaction, including hives, rash, swelling of the mouth, and difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. It is recommended you stay in the clinic for 15 minutes after getting any vaccine. Severe allergic reaction can be treated and your healthcare provider is trained to treat it.

Tell your health care provider if you have any of the following:

- Severe allergic reaction to a previous dose of a vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine.
- Taking medications containing aspirin.
- Any recent vaccines or blood product administration.
- Any medical condition, treatment or medications that make you less able to fight off infections.
- Active untreated Tuberculosis (TB).

Measles, Mumps, Rubella, Varicella (MMRV) Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle. To help with pain at the vaccine site, apply a cold compress.
- Aspirin (ASA) should NOT be given within 6 weeks of receiving the vaccine due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Feuille de renseignements

Vaccin contre la rougeole, les oreillons, la rubéole et la varicelle (RORV)

Qu'est-ce que la grippe?

La grippe est une maladie causée par un virus. Elle affecte les organes qui permettent de respirer, comme les poumons.

Si vous attrapez la grippe, vous êtes plus susceptible de développer d'autres infections pulmonaires.

Qu'est-ce que la rougeole?

La rougeole est une maladie virale qui se transmet facilement d'une personne à l'autre par la toux et les éternuements. Les personnes atteintes présentent souvent une forte fièvre et une éruption cutanée. La maladie peut causer de graves infections au cerveau, aux oreilles, aux yeux et aux poumons. Autrefois, avant le vaccin, la rougeole était la plus importante cause de décès chez les enfants.

Que sont les oreillons?

Les oreillons sont une maladie virale qui se transmet d'une personne à l'autre par la toux et les éternuements. Le virus cause une enflure douloureuse des glandes du cou, et peut entrainer la surdité et une enflure du pancréas, des testicules ou des ovaires et du cerveau. Chez les hommes, la maladie peut rendre stérile.

Qu'est-ce que la rubéole?

La rubéole est une maladie virale qui se transmet par la toux et les éternuements. Les personnes atteintes présentent souvent une fièvre légère, des douleurs aux articulations et une éruption cutanée. Chez les femmes enceintes non immunisées, la maladie peut entrainer une fausse-couche ou causer des anomalies congénitales graves chez le bébé.

Qu'est-ce que la varicelle?

La varicelle est une maladie virale qui cause l'apparition de boutons et de taches rouges qui démangent sur tout le corps. Elle se transmet par la toux, les éternuements et la salive ainsi que par contact direct avec les boutons suintants.

La maladie se limite généralement à l'éruption cutanée, mais elle peut provoquer des complications, comme une infection cutanée, une pneumonie, une infection du cerveau ou de l'espace qui l'entoure et même la mort. Les personnes ayant eu la varicelle pourraient souffrir du zona plus tard au cours de leur vie. Chez les femmes enceintes qui ne sont pas immunisées, la maladie peut entrainer une fausse-couche ou causer des anomalies congénitales graves chez le bébé.

Qui devrait recevoir le vaccin?

Le vaccin RORV, qui est administré en deux doses, devrait être donné à tous les enfants. La première dose est donnée à 12 mois et la seconde, à 18 mois.

Quels sont les avantages du vaccin?

Il protège la population nunavoise de la rougeole, des oreillons, de la rubéole et de la varicelle et réduit le risque de zona à l'âge adulte.

De plus, il protège la collectivité et les personnes les plus à risque de subir des complications en cas d'infection.

Est-ce que le vaccin est sécuritaire?

Oui. Les effets secondaires les plus courants sont les suivants : fièvre et éruption cutanée (boutons ou cloques). Il peut aussi y avoir un peu de rougeurs au site d'insertion de l'aiguille. Toutefois, beaucoup de gens n'ont aucun effet secondaire.

Les enfants courent un risque légèrement accru de subir une poussée fébrile de 5 à 12 jours après avoir reçu le vaccin RORV, c'est-à-dire une brève crise convulsive causée par une fièvre élevée. Les enfants

Feuille de renseignements

Vaccin contre la rougeole, les oreillons, la rubéole et la varicelle (RORV)

qui font une telle crise reviennent à la normale assez rapidement, sans qu'il n'y ait d'effets dommageables à long terme. Si votre enfant fait une crise convulsive, emmenez-le au centre de santé ou à l'hôpital afin qu'il soit examiné. Surveillez la fièvre de votre enfant et donnez-lui de l'acétaminophène ou de l'ibuprofène selon la dose recommandée, ces médicaments pouvant faire baisser la fièvre et ainsi contribuer à prévenir les crises convulsives. Communiquez avec votre fournisseur de soins de santé si vous avez des questions ou des inquiétudes.

Comme c'est le cas pour tous les vaccins, il existe une très faible probabilité de réaction allergique grave, qui peut se manifester sous forme d'urticaire, d'éruption cutanée, d'enflure à la bouche ou de difficulté à respirer. Ce type de réaction survient typiquement dans les 15 minutes suivant l'administration du vaccin. **Il est donc recommandé de rester à la clinique 15 minutes après avoir reçu le vaccin.** Les réactions allergiques de ce genre se traitent, et votre fournisseur de soins de santé est formé pour le faire.

Avisez votre fournisseur de soins de santé si :

- vous avez déjà subi une réaction allergique grave à un vaccin (p. ex. respiration sifflante, serrement de poitrine, constriction de la gorge et difficulté à respirer ou à avaler);
- vous êtes allergique à l'un des ingrédients du vaccin;
- vous prenez des médicaments contenant de l'aspirine;
- vous avez récemment reçu d'autres vaccins ou produits sanguins;
- votre état de santé, vos traitements ou vos médicaments vous rendent moins apte à combattre les infections;
- vous souffrez de tuberculose active non traitée.

Quel est le risque lié au fait de ne pas recevoir le vaccin?

La rougeole, les oreillons, la rubéole et la varicelle sont encore présents au Canada et ailleurs dans le monde. Si vous n'avez pas reçu les vaccins recommandés, vous risquez de contracter ces maladies et de les transmettre à d'autres. Vous êtes également plus susceptible de souffrir de zona plus tard.

Vaccin contre la rougeole, les oreillons, la rubéole et la varicelle (RORV) – posttraitement

- Pour réduire la fièvre et soulager la douleur, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Pour les enfants, donnez la dose recommandée par votre fournisseur de soins de santé ou sur la bouteille. Pour diminuer la douleur au site d'injection, appliquez une compresse froide.
- Il ne faut PAS prendre d'aspirine dans les six semaines suivant le vaccin en raison du risque du syndrome de Reye, qui peut causer des lésions permanentes au cerveau et la mort.
- Si vous avez des effets secondaires graves (p. ex. enflure de la bouche ou des lèvres, urticaire ou crise épileptique), rendez-vous immédiatement à l'urgence ou au centre de santé.
- Si vous avez des questions ou si vous vous inquiétez de votre réaction au vaccin, communiquez avec votre fournisseur de soins de santé..

Kangiqhidjutit

Aupayyakturniq, Puvittarniq, Uunnaktarniq, Aupayyaktarniqmun Havaut

Hunauva aupayyaktarniq?

Aupayyaktarniq aaniagut hiamalaq qilamik inungnut qalakturniqmun tagiurniqmutluniit. Inuit aupayyaktarnilgit uunakpialiqpaktut aupayyaktaqhutiklu uvini. Aupayyaktarniq akhut aaniagutitagutaulaq qagitaqmun, hiutiknut, iyiknut puvaknutlu. Qangiqtuni, havautikhaqaqtitnagu, hivulliuyuq pityutauyuq tuquyunut amihunut tutaqanut.

Hunauva puvittarniq?

Puvittarniq aaniagut hiamalaq inungnut qalakturniquin tagurniqmitlu. Pipkaiyuq aanirnaqtumik puvitniq igiaqmi qunguhiqmi ingattalaqhunilu tuhalaigutaulaq, puvipkaqni naamittumun, igyuuknut akulaknutluniit, qagittamutlu. Pityutaulaq nutaqipkailaiqtitni angutit.

Hunauva Uunnaktarniq?

Uunnaktarniq aaniagut hiamalaq inungnut qalakturniqmun tagiurniqmutluniit. Inuit Uunnaktaqtut uunapyakhimalat, aaniqnaqni avatai aupayyaktaqhutiklu uvinii. Kapiyauhimaittunut hingaiyut aqnat pimmaqlutiqalat nutaqiugai nutagakhaiyaqlutikluniit.

Hunauva Varicella (aupayyaktarniq)?

Aupayyaktarniq uvinikmun aaniagut pihimayuq kukukniqmun aupayyakni tamatkiqhugu uvinikmun timiuyumi. Hiamaktartuq inungmin ahianut qalakturniqmun, tagiurniq, nuvakmitluniit, nanminiqlu aktuaniqmun maqininut aupayyakniit.

Amihuniqhani piplugit aupayyaktarniq kiklilik aupayakni uvinikmun, kihimik ayurnaqpaligutai ilalgit uvinikmun aaniagutit, nuvakyuarniq, aaniagutit iluani avataanilu qagitaqmun, tuquluniluniit. Tahapkuat aaniagutigihimayat aupayyakniqalilat kakilahaqtumik kinguagut inuuhiqmi. Kapiyauhimaittunut hingaiyut aqnat, varicella aaniagut pipkailaq akhut nutaqiyamun pimmaqlugutainik nutagakhaiyarniqluniit.

Kina pitaqtukhaq kapiyauniqmik?

Tamna MMRV kapuut tukligiit malguknik atuniiqtuk pipkagakhat tamaitnut nutaqanut. Tamna hivulliq kapuut tuniyauyuq 12-nik tatqiqaliqat aipaalu kapuut tuniyauyuq 18-nik tatqiqaliqat.

Hunat ihuaqutauvat taphumunga kapuutmun?

Hapuhimayai Nunavummiut aaniaqtailiniqmun aupayyaktarniqmun, puvittagutinut, uunaktarniqmun, aupayyakturniqmutlu mikhigiaqnilu hivuganaqni aupayyakturniq kakilaharniqmun iniqniupluni.

Hapuhimayai nunaliuyut tahapkuatlu hivuganarniqhamittut ayurnagutainut aaniagutit.

Tamna kapuut hivuganaitpa?

Iiya. Tamna atuqpaknirhaq qanugityutauniq aktuani uunnaktarniq aupayyaktirniqlu uvinikmun (aupayaknit tamnalu/tamnaluniit qiliguqpaluktut). Ilaitnik aupayarniqalaq aanirnaqlunilu kapuqauhiqpaluktunik inai. Amihut inuit qanugiliyuittut aktuaniqnit tamaitnit kapuutinit.

Kangiqhidjutit

Aupayyakturniq, Puvittarniq, Uunnaktarniq, Aupayyaktarniqmun Havaut

Nutaqat mikiyumik ilavaliqtai hivuganaqnit qiqhurniqmun 5-12 ublut kinguagut pitarniqmik MMRV kapiyauniq. Tamna qiqhurbniq mikiyumik qiqhigutauyuq piplugu uunakpiarniqmun. Nutaqat qiqhuqattartut qanugihuinginnaqniat qilamik kinguagut akuttuyumiklu aanigutaulaittuq. Nutaqat qiqhuqattaqat, naunaiyaqtauyukhaq munaqhiqaqvikmi aaniaqvikmiluniit. Atugahuaquyauyuq munagiyauluni nutaqat uunagiakha tunilugulu Acetaminophen tamnaluniit Ibuprofen atugahuaquniagut, piplugit tahapkuat havautit kiyyaumaiyautaukmata qiqhuqtailitigiplugulu. Uqaqatigilugu munaqhigiyat apiqutikhaqaguvit ihumaalutiqaguvitluniit.

Piplugit tamaita kapuutit, mikkaqmik nakuuhuigutaulaq, ilautitlugu kukulaqiniq, aupayyaktirniq, puvitniq qaniqmun, aniqhakturniqmutluniit ayuqhagutauniq. Imaittuq hugiagut atuqpaknirhaq qangiqtitnagu 15 minitsit kapiyaulgaqhuni. **Atugahuaquyauyuq nayullaklugu munaqhiqaqvik tapkununga 15 minitsit kapiyaulgaqlutit**. Akhut ihuityutauyuq ihuaqhiyaulaq munaqhigiyaqnit ilihaqhimayumin ihuaqhagianga.

Unniutilugu munaqhigiyat kinguagut piyakhai tahapkuat:

- Akhut nakungigutaunia hivuani kapiyauhimaniqmun. Akhut hutyutaunia ilautitlugu aniqhattiangitniq, qatigak ihuiliqnia, igiaq umiquqnia ayuqhagutaunialu aniqhaqturniqmik iihiniqmikluniit.
- Nakungilirniq kitunikliqak ilagiyanit kapuutip.
- Havautiturniq piqaqtunik niaquqhiutinik.
- Kitutliqak kapityutauhat auliqutauniluniit hanatyutit.
- Kitutliqak havautit qanugitni, ihuaqhautit havautiturniqluniit akigaqtutaulairniq aaniagutinut.
- Huliyut ihuaqhagaungitni Puvaklukniq (TB-ngi).

Hunat hivuganagutauni kapiyaungitpat?

Aupayyakturniq, Puvittarniq, Uunnaktarniq, Aupayyaktarniqmun huli piqartuq Kanatami humiluliqak hilaqyuaqmi. Piqangittumik atugahuaquyauyunik kapiyauniq hivuganarniqmittutit tahapkuninga aaniagutitarniq hiamaktitnilu ahiknut. Pitalarniqhauniaqtutitlu aupayyaktarniqmik kukulaqilanik aaniagutmik kinguagut inuuhiqni.

Aupayyakturniq, Puvittarniq, Uunnaktarniq, Aupayyaktarniqmun (MMRV-ngi) Kapiyautaqat Munagiyaunia
• Uunakluartailiniq aanirnaqhittailiniq aanirnaqhivalaqtailiniqluniit, havautitulagat Acetaminophen (Tylenol, Tempra) tamnaluniit Ibuprofen (Advil, Motrin). Nutaqanut, tunilugu aktilanganik atuquyauyumik munaqhiqaqvikmin puunganitluniit titigainit. Aaniqnaiyautigiyanik kapiyauniup inaanut, niglamayumun naqihimalugu. • Aspirin (ASA) PIYUKHAUNGITTUQ tiniyaunia iluani 6 havaguhiit kapiyaulgaqhuni piplugu hivuganaqnia Reye Aaniagutaunia, pipkagutaulaq qagitaqmun nakungigutaunia tuqutyutaulaqlu. • Ikpiguhukkuvin kitunikliqak qanugityutauninik tahapkuatut puvittarniq qaniqmun/umilguknut, kukulaqiniq aupayyakniqmun qiqhurniqluniit takuyartuqlugu igininaqtumun aaniaqvik munaqhiqaqvikluniit qilamik. • Kitunikliqak apiqutikhaqaguvit, ihumaalutiqaguvitluniit kitunutliqak hutyutauni kapiyauniqmun, uqaqatigilugu munaqtigiyat.

ᓱᓕᔪᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᐊᐅᐸᓪᓛᕐ, ᕿᓕᖅᓯᓇᐅᔾᕐᔪᓐᓂᖅ, ᓲᕐᒍᓂᖅᓴᖅ ᐊᐅᐸᓪᓛᕐ, (ᐃᒪᓕᓐᓂᒃ) ᐊᐅᐸᓪᓚᑳᕆᒃᑯᑎ ᐋᓐᓂᐊᓕᓅᒃᑯᑎ

ᑭᓱᕙ ᐊᐅᐸᓪᓛᕐ? ᕿᓕᖅᓯᓇᐃᑦ ᖁᐱᕐᑰᖅ ᐃᓄᓐᓄᑦ ᓯᐊᒻᒪᒍᑕᐅᔾᓇᖅᑐᓂᑦ ᖁᐃᖅᓱᕐᓂᒃᑯᑦ ᐅᕙᓗᓐᓃ ᑕᕆᐅᒃᓴᕐᓂᒃᑯᑦ. ᐃᓄᐃ ᐊᐅᐸᓪᓛᓇᖅᑐᕐᑲᖅᑐᐃᑦ ᖃᓂᒪᒐᔫᑉᐳᑦ ᐊᒻᒪ ᐊᒥᕐᓗᒐᔫᑉᐳᑦ. ᐊᐅᐸᓪᓛᓇᖅᑐᑦ ᐋᓐᓂᐊᓕᕈᑕᐅᔾᓇᒻᒪᑲᒃᐳᑦ ᖃᑲᓴᒧᑦ, ᓯᐅᑎᒧᑦ, ᐃᔾᔪᑦ ᐊᒻᒪ ᐳᕙᓐᒧᑦ. ᐊᑐᖅᓯᒪᔪᖅ, ᑳᐳᑎᒨᖅᐸᓚᐅᕋᑎᒃ, ᐃᓅᔾᓈᕈᑕᐅᓪᓗᐊᑕᖅᐸᓚᐅᖅᑐᖅ ᐊᒥᓱᓄᑦ ᓱᕈᓯᓄᑦ.

ᑭᓱᕙ ᕿᓕᖅᓯᓇᐃᑦ? ᕿᓕᖅᓯᓇᐃᑦ ᖁᐱᕐᑰᖅ ᐃᓄᓐᓄᑦ ᐊᐃᑦᑐᕐᓗᒍᑕᐅᔾᓇᖅᑐᑦ ᖁᐃᖅᓱᕐᓂᒃᑯᑦ ᐅᕙᓘᓐᓃ ᑕᕆᐅᒃᓴᕐᓂᒃᑯᑦ. ᐋᓐᓂᐊᕐᓇᖅᑐᒥᒃ ᐳᕕᓕᕐᓇᖅᓱᓂᑦ ᖁᖓᓯᒃᑯᑦ ᐊᒻᒪ ᑐᓵᔾᓈᖅᐸᓪᓕᐊᓇᖅᓱᓂᑦ, ᐳᕕᓕᕐᓇᖅᓱᓂᒃ ᕿᑦᓴᓕᑳᖅᑯᑦ, ᐃᒡᔾᔨᒃᑯᑦ ᐅᕙᓘᓐᓃ ᒪᓂᖃᐅᑎᒃᑯᑦ, ᐊᒻᒪ ᖃᕋᓴᒃᑯᑦ. ᓯᖓᐃᔾᓇᐃᓪᓕᑎᑦᑎᔾᓇᖅᑐᖅ ᐊᙱᑎᓄᑦ.

ᑭᓱᕙ ᐊᐅᐸᓪᓛᓂᖅ? ᐊᐅᐸᓪᓛᓂᖅ ᖁᐱᕐᑰᖅ ᐃᓄᓐᓄᑦ ᐊᐃᑦᑐᕐᓗᐃᔭᑦᑐᑦ ᖁᐃᖅᓱᕐᓂᒃᑯᑦ ᐅᕙᓘᓐᓃ ᑕᕆᐅᒃᓴᕐᓂᒃᑯᑦ. ᐃᓄᐃ ᐊᐅᐸᓪᓛᓂᕐᑲᖅᑐᐃᑦ ᖃᓂᒪᒐᔫᑉᐳᑦ, ᐋᓐᓂᐊᖅᐸᒃᐹᑎᑦ ᓇᒡᒍᐊᒥᒍᑦ ᐊᒻᒪ ᐊᒥᕐᓗᒃᐸᒃᐹᑎᑦ. ᐋᓐᓂᐊᖅᑖᕐᓇᕆᑦᑐᒧᑦ ᑲᐱᔭᐅᓯᒪᓪᕆᑦᑐᑦ ᓯᖓᐃᔪᑦ ᐃᓗᓯᕐᓗᒻᒪᑎᒍᓇᖅᑐᖅ ᐅᕙᓘᓐᓃ ᓱᕋᐃᔪᓇᖅᑐᖅ.

(ᐃᒪᓕᓐᓂᒃ) ᐊᐅᐸᓪᓚᑳᕆᒃᑯᑎ ᑭᓱᕙ (ᐊᐅᐸᓪᓛᓂᖅ)?
ᐊᐅᐸᓪᓛᓂᖅ ᐊᐃᑦᑐᕐᓗᐃᓐᓇᖅᓱᓂ ᐋᓐᓂᐊᖑᕚᖅ ᐊᐅᐸᖅᓯᓐᓇᖅᓱᓂ ᐅᖓᓕᓐᓇᖅᑐᖅ ᑎᒥᓕᒫᒃᑯᑦ. ᐊᐃᑦᑐᕐᓗᐃᓐᓇᖅᑐᖅ ᐃᓄᙳᑦ ᖁᐃᖅᓱᕐᓂᒃᑯᑦ, ᑕᕆᐅᒃᓴᕐᓂᒃᑯᑦ, ᓄᕙᓐᓂᒃᑯᑦ, ᐊᒻᒪ ᐊᒃᑐᖅᑕᐅᓂᒃᑯᑦ ᐊᒥᕐᓗᓐᓂᒃᑯᑦ.

ᐊᐅᐸᓪᓛᔪᑦ ᐅᖓᓚᒍᔫᑉᐳᑦ, ᑭᓯᐊᓂ ᐊᑲᐅᙱᓕᐅᕆᙵᑦ ᐃᓚᖅᑲᖅᐳᑦ ᐅᕝᕙᓂᒃᑯᑦ ᐃᒻᒪᒃᓯᒪᓂᖅ, ᐳᕗᒃᑯᑦ ᐃᒻᒪᒃᓯᒪᓂᖅ, ᐃᒻᒪᒃᓯᒪᓂᖅ ᖃᕋᓴᐅᑉ ᐃᓗᐊᒍᑦ ᓯᓚᑖᒍᓪᓗ, ᐃᓅᔾᓈᕈᓐᓇᕐᒥᔪᑦ. ᑕᐃᒃᑯᐊ ᐋᓐᓂᐊᖅᑖᖅᓯᒪᔪᑦ ᐅᕝᕙᓂᓪᓗᓕᕈᓐᓇᖅᑐᑦ ᐃᓅᓯᕆᓐᓂᒃ. ᐋᓐᓂᐊᖅᑖᕐᓇᕆᑦᑐᒧᑦ ᑲᐱᔭᐅᓯᒪᓪᕆᑦᑐᑦ ᓯᖓᐃᔪᑦ ᐃᓗᓯᕐᓗᒻᒪᑎᒍᓇᖅᑐᖅ ᐅᕙᓘᓐᓃ ᓱᕋᐃᔪᓇᖅᑐᖅ.

ᑭᓇ ᐋᓐᓂᐊᓕᓅᒃᑯᑎᒥᑦ ᑲᐱᔭᐅᔭᓇᕐᖃᖅᐸ? ᑕᒪᓐᓇ MMRV [illegible] ᑲᐱᔭᐅᓃᑦ ᒪᕿᐃᓕᖅᑲᖓᔪᓂᑦ ᐱᑎᑕᐅᔭᓇᐊᓖᑦ ᓄᑦᑕᓕᒫᑦ. ᓯᑯᓪᓕᖅᐹᖅ ᐱᔭᐅᔭᓇᐊᓕᒃ ᑕᖅᑮᑦ 12-ᓄᑦ ᐊᕐᕌᒍᓕᓐᓄᑦ ᐊᒻᒪ ᐱᖃᑖ ᑕᖅᑮᑦ 18 ᓄᑦ ᐊᕐᕌᒍᓕᓐᓄᑦ.

ᑭᓱᕗᑦ ᐃᑲᔫᑕᐅᔪᓐᓇᖅᑐᑦ ᑲᐱᔭᐅᓂᕐᒧᑦ? ᓴᐳᔾᔨᕗᒃᐳᖅ ᓄᓇᕗᒻᒥᐅᓂᑦ ᐋᓐᓂᐊᖅᑖᖅᑎᑦᑎᑕᐃᓕᒪᓂᕐᒧᑦ ᐊᐅᐸᓪᓛᓂᕐᒧᑦ, ᕿᓕᖅᓯᓇᖅᑖᕐᓂᕐᒧᑦ, ᓲᕐᒍᓂᖅᓴᒧᑦ ᐊᐅᐸᓪᓛᓂᕐᒧᑦ, ᐊᒻᒪ ᐊᐅᐸᓪᓛᓂᕐᒧᑦ ᐊᒻᒪ ᒥᒃᓵᓅᓪᓕᖅᑎᑦᑎᓂᕐᒥᑦ ᐅᕝᕙᓂᒡᓗᙱᓇᕐᓂᕐᒥᑦ ᐃᓐᓇᕈᖅᐸᓪᓕᐊᑎᓪᓗᒋᑦ.

ᓄᓇᓕᙳᓐᓂᑦᑐᑦ ᓴᐳᔾᔭᐅᔭᓇᖅᐳᑦ ᑕᐃᒃᑯᐊᓗ ᐊᑲᐅᙱᓕᐅᕆᑎᖃᓗᐊᓕᑐᐃᓐᓇᓚᐊᓖᑦ ᖃᓂᒪᓂᕐᒧᑦ.

ᑲᐱᔭᐅᓂᖅ ᐊᑦᑕᕐᓇᙱᓚ? ᐆ ᐱᑕᖃᖅᓯᙱᓐᓂᖅᐹᑦ ᐊᑲᐅᙱᓕᐅᕆᑕᐅᕗᑦ ᖃᓂᒪᒐᔭᙳᑦ ᐊᒻᒪ ᐊᒥᕐᓗᒐᔭᙳᑦ (ᑕᖅᓴᐃᑦ ᐊᒻᒪ/ᐅᕙᓘᓐᓃᑦ ᐊᒥᕐᓗᙳᑦ). ᐱᑕᖃᕐᓇᓕᐊᖃᕐᒥᔭᖅ ᐊᐅᐸᖅᑐᓂᒃ ᐊᒻᒪ ᐃᑉᐱᙱᓗᓂᑦ ᑲᐱᔭᐅᕝᕕᙵᓂᑦ. ᐊᒥᓱᑦ ᐃᓄᐃ ᖃᓄᐃᙱᓐᓯᔭᐅᒐᔫᑉᑐᓂᑦ ᐊᑐᖅᐸᙱᑦᑐᑦ ᐋᓐᓂᐊᓕᓅᒃᑯᑎᐅᔪᒥᒃ ᑳᐳᖅᑕᐅᓚᐅᖅᑎᓪᓗᒋᑦ.

ᓄᓇᓕᙳᓐᓂᑦᑐᑦ ᓴᐳᔾᔭᐅᔭᓇᖅᐳᑦ ᑕᐃᒃᑯᐊᓗ ᐊᑲᐅᙱᓕᐅᕆᑎᖃᓗᐊᓕᑐᐃᓐᓇᓚᐊᓖᑦ ᖃᓂᒪᓂᕐᒧᑦ.

ᓄᑦᑕᖅᑲᑦ ᕿᐅᖅᓱᑐᐃᓐᓇᓇᐊᖅᑲᖅᓂᖅᑲᖅᑐᑦ 5-12 ᐅᓪᓗᑦ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᒋᑦ MMRV [illegible]. ᕿᐅᖅᓱᕐᓕᖅᑲᑦᑕᖅᑐᑦ

ᑎᒥᒥᒎᑦ ᐆᓇᓗᐊᓕᕚᖓᑕ. ᓄᑦᑕᖅᑲᑦ ᕿᐅᖅᓱᓱᑦ ᖃᓄᐃᑦᑐᓐᓃᖅᓵᓕᕗᒃᑐᑦ ᑕᐅᕗᖓᓕᒫᖅ ᐋᓐᓂᐊᖅᑖᕆᔭᐅᕗᖕᒋᑦᑐᖅ. ᕿᑐᕐᖓᐃᑦ ᕿᐅᖅᓱᖅᐸᑦ, ᖃᐅᔨᓴᖅᑕᐅᔭᕆᐊᓕᒃ ᐋᓐᓂᐊᕐᕕᖕᒥ ᐅᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᕕᐊᓗᖕᒥ. ᐃᓱᒪᒋᔭᐅᕗᖅ ᓇᐅᑦᑎᖅᓱᖅᑕᐅᖅᑲᑦᑕᓇᐊᖅᑲᖅᑐᑦ ᕿᑐᕐᖓᐃᑦ ᐆᓇᖅᓯᒃᐸᑦ ᓂᐊᖁᖅᓯᐅᑎᒥᑦ ᐱᑎᓪᓗᒍ ᐅᕙᓘᓐᓃᑦ ᐃᒃᐱᖕᓂᐊᔾᔪᓐᓇᖅᑐᒥᑦ ᐊᑐᓇᐊᖅᑭᑎᒃ, ᑕᒪᒃᑯᐊ ᐋᔭᐅᐃᑦ ᐆᓇᕿᓐᓂᖅᑎᑦᑎᔾᔪᓇᕐᒪᑕ ᐃᑲᔪᕿᓇᖅᓱᑎᓪᓗ ᕿᐅᖅᓱᖅᑲᑦᑕᕿᓐᓂᕿᓇᕐᓂᕐᒧᑦ. ᐅᖃᖅᑎᕆᒍᑉ ᐃᓱᐊᖅᓴᐃᔩᕆᔭᑦ ᐊᐱᖅᑯᑎᒃᓴᖅᑲᕖᑦ ᐃᓱᒫᓗᑎᖅᑲᕖᓪᓘᓐᓃᑦ.

ᓱᓕᕙᑦ ᑎᑎᕋᖅᓯᒪᕙᑦ

ᐊᐅᐸᓪᓛᑦ, ᕿᓕᖅᓯᓇᐅᓭᕐᔪᓂᖅ, ᓵᖑᓂᖅᓴᖅ ᐊᐅᐸᓪᓛᑦ, (ᐃᒪᓕᖕᓂᒃ) ᐊᐅᐸᓪᓚᑳᕆᒃᑯᑎ ᐋᓐᓂᐊᓕᖅᑯᑎ

ᑕᒪᒃᑯᓄᖓ ᑲᐱᔭᐅᖃᑦᑕᕐᓂᕐᓄᑦ, ᒥᒃᓵᕝᓪᓕᖅᑎᑦᑎᓐᓇᖅᑐᖅ ᐊᑲᐅᙱᓕᐅᕈᑕᐅᕝᒃᑐᓂᑦ ᑎᒥᒥᒍᑦ, ᐃᓚᒋᔪᒋᑦ ᐱᖑᔭᖕᓂᖅ, ᐊᒥᕐᔪᖕᓂᖅ, ᖃᓂᕐᒧᑦ ᐳᕙᓕᕐᓂᖅ, ᐊᒻᒪ ᐊᓂᖅᑮᓴᖅᑐᑦᑎᐊᕈᓐᓇᐃᓪᓕᓂᖅ. ᑕᐃᒪᐃᖃᑦᑕᖅᑐᑦ ᑕᐃᒪᐃᒐᖁᒃᑐᑦ ᐃᑲᕋᐅᑉ ᓇᑉᐸᖓᑕ ᓇᑉᐹᒃᑲᓐᓂᖓᓂ 15 ᒥᓂᑦᓯᓂ ᐊᓂᒍᓚᐅᙱᓐᓂᖏᓐᓂ ᑲᐱᔭᐅᓯᒪᓕᖅᑐᓂ. **ᐅᑕᖅᑭᔮᓇᐊᖃᒃᐳᑎᑦ 15 ᒥᓂᑦᓯᓄᑦ ᖃᓄᐃᑦᑐᐃᓐᓇᕐᒧᑦ ᐋᓐᓂᐊᓕᓈᒃᑯᓯᖅᑕᐅᒍᑦ ᑳᐳᑎᒧᑦ**. ᐊᑲᐅᙱᓕᐅᕈᑕᐅᕝᑦ ᑎᒥᒥᒍᑦ ᑲᒪᒋᔭᐅᕝᓐᓇᖅᑐᑦ ᐊᒻᒪ ᐃᓅᐊᖅᓴᐃᓘᑦ ᐃᓕᓐᓂᐊᖅᓯᒪᓪᓗᑎᒃ ᑕᐃᒪᐃᑦᑐᒥᑦ ᑲᒪᒋᔭᕐᑲᕈᓐᓇᕐᒪᖔᑦ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᖅᑑᓐᓇᖅᐸ ᐋᓐᓂᐊᓕᓐᑯᑎᒥᒃ ᑲᐱᔭᐅᙱᓪᓗᓂᑦ? ᐊᐅᐸᓪᓛᑦ, ᕿᓕᖅᓯᓇᐅᓭᕐᔪᖕᓂᖅ, ᓵᖑᓂᖅᓴᑦ ᐊᐅᐸᓪᓛᑦ, ᐊᒻᒪ ᐊᐅᐸᓪᓚᓃᑦ ᓱᓕ ᐱᑕᕐᑲᕐᒪᑕ ᑲᓇᑕᒥ ᓄᓇᕐᔪᐊᓕᒫᒥᓗ. ᑲᐱᔭᐅᕙᙱᓐᓂᕐᓄᑦ ᐊᑦᑕᕐᓇᖅᑑᓐᓂᖅᓴᐅᕗᑎᑦ ᑕᒪᒃᑯᓂᖓ ᐋᓐᓂᐊᓂᒃ ᐊᒻᒪ ᐊᓯᖕᓂᑦ ᐋᓐᓂᐊᓕᖅᑎᑦᑎᓂᕐᒥᒃ. ᐊᑦᑕᕐᓇᖅᑑᓐᓂᖅᓴᐅᓪᓗᑎᓗ ᐅᕙᓂᒡᓗᓕᕐᓇᖅᑐᒧᑦ ᐃᓅᓯᖏᔭᕐᓂ.

ᐃᓗᐊᖅᓴᐃᔨᒋᔭᑦ ᐅᕐᑲᐅᑎᓗᒍ ᒪᑯᓂᖓ ᐊᑐᖅᓯᒪᒍᕕᑦ:

- ᖃᓄᑐᐃᓐᓇᖅ ᑎᒦᑦ ᓈᒻᒪᒃᓴᙱᓐᓂᕈᓂ ᐋᓐᓂᐊᓕᓈᒃᑯᑎᒥᒃ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᑎᑦ. ᑎᒥᐅᑉ ᐊᑲᐅᙱᓕᐅᕈᑎᒋᔫᓐᓇᖅᑕᖕᒋᑦ ᐊᓂᖅᑎᓇᓂᖕᒐ ᓄᕙᖅᑲᖅᐸᓕᑦᑎᓪᓗᓂᑦ, ᖃᑎᒐᒃᑯᑦ ᓱᑲᖕᒐᓂᖅ, ᐃᒡᒋᐊᕐᒥᐅᑕᖅᑲᖅᑰᔾᔭᓂᖅ ᐊᒻᒪ ᐊᓂᖅᑎᒋᒡᒐᕐᓂᖅ ᐅᕝᕙᓘᓐᓃ ᐋᓯᒡᒐᕐᓂᖅ.
- ᑳᐳᑎᒧᑦ ᐃᓚᓕᐅᔾᔭᐅᓯᒪᔪᒥᑦ ᓇᓕᐊᖕᓂᑦ ᑎᒥᒃᑯᑦ ᓈᒻᒪᒃᓴᙱᒃᑯᕕᑦ.
- ᐄᔭᒐᕐᑲᑦᑕᕐᓂᖅ ᐃᓚᕐᑲᖅᑐᒥᒃ asprin ᒥᒃ.
- ᖃᓂᑦᑐᒃᑯᑦ ᐋᓐᓂᐊᓕᓈᒃᑯᑎᒥᒃ ᑲᐱᔭᐅᓚᐅᕈᕕᑦ ᐅᕝᕙᓘᓐᓃ ᐊᐅᓕᓈᔭᐅᓚᐅᕈᕕᑦ.
- ᖃᓄᑐᐃᓐᓇᖅ ᐋᓐᓂᐊᕈᕕᑦ, ᖃᐅᔨᓴᖅᑕᐅᒍᕕᑦ ᐅᕝᕙᓘᓐᓃ ᐄᔭᒐᕈᕕᒃ ᐃᓕᖕᓂᑦ ᓴᙱᓕᕐᓂᖅᓴᐅᓕᖅᑎᑦᑎᓗᓂᒃ ᐋᓐᓂᐊᓕᖅᑕᐃᓕᒪᓂᕐᒧᑦ.
- ᐆᒪᔪᑦ ᑲᒪᒋᔭᐅᙱᑦᑐᑦ ᐳᕝᕙᓗᖕᓂᖅ.

ᐊᐅᐸᓪᓛᑦ, ᕿᓕᖅᓯᓇᐅᓭᕐᔪᖕᓂᖅ, ᓵᖑᓂᖅᓴᖅ ᐊᐅᐸᓪᓛᑦ, (ᐃᒪᓕᖕᓂᒃ) ᐊᐅᐸᓪᓚᑳᕆᒃᑯᑎ ᐋᓐᓂᐊᓕᓈᒃᑯᑎ ᑲᒪᒋᔭᐅᕌᓂᒃᑲᓗᐊᕈᑦ
• ᐆᓇᑲᑕᒃᑯᕕᑦ ᐊᒻᒪ ᐋᓐᓂᐊᑲᑕᒃᑯᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᒪᐃᑲᑕᒃᑯᕕᑦ, Acetaminophen-ᒥᑦ ᐄᓯᕙᓐᓇᖅᐳᑎᑦ (Tylenol, Tempra ᐅᕝᕙᓘᓐᓃᑦ Ibuprofen (Advil, Motrin) ᓂᐊᕐᑯᖅᓯᐅᒻᒥᒃ. ᓄᑕᖅᑲᑦ, ᐄᓯᑎᑉᐸᓪᓗᒋᑦ ᐃᓗᐊᖅᓴᐃᔨᐅᑉ ᐊᑐᕐᑯᔭᖕᒐᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᓕᒍᕐᒥ ᑎᑎᕋᖅᓯᒪᕙᖅ ᒪᓕᒡᓗᒍ. ᐋᓐᓂᐊᓗᐊᖅᑕᐃᓕᑎᑦᑎᓂᕐᒧᑦ ᑲᐱᔭᐅᓯᒪᕝᑯᑦ, ᓂᒡᓕᓇᖅᑐᒦᑎᓪᓗᒍ.
• Asprin (ASA) ᑐᓂᔭᐅᔭᕆᐊᖃᙱᑦᑐᖅ 6 ᐱᓇᓱᐊᕈᓰᑦ ᐊᓂᒍᖅᓯᒪᓕᖅᑎᓪᓗᒋᑦ ᑲᐱᔭᐅᓚᐅᕐᓂᑦ ᐊᑦᑕᕐᓇᖅᑑᕐᑯᔨᙱᒧᑦ Reye Syndrome-ᒧᑦ, ᖃᕋᓴᕐᒥᑦ ᐃᓕᙳᒃᓯᕙᓇᕐᓂᖕᒐᓄᑦ ᐃᓅᕙᓐᓃᖅᑎᑦᑎᕙᓇᕐᓂᖕᒐᓄᓪᓗ.
• ᐱᒻᒪᕆᐅᕙᒥᑦ ᐊᑲᐅᙱᓕᐅᕈᑎᖃᓕᕈᑎᑦ ᓰᕐᓗ ᖃᓅᑦ/ᖃᖅᓗᐃᑦ ᐳᕙᓕᖅᐸᑦ, ᐅᕙᓂᒃᑯᑦ ᐊᐅᐸᖅᓯᓗᑎᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᖅᓱᑲᑕᓕᕐᓗᑎᑦ ᐃᙯᓐᓇᖅ ᑐᐊᕕᕐᓇᖅᑐᓕᕆᔨᓄᐊᕆᐊᖃᒃᐳᑎᑦ ᐋᓐᓂᐊᕐᕕᖕᒧᑦ ᓘᓐᓃᑦ.
• ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ, ᐃᓱᒫᓘᑎᖃᕈᕕᓪᓗᓐᓃᑦ ᑲᐱᔭᐅᓚᐅᕐᓗᑎᑦ ᖃᓄᐃᕝᔪᑎᖃᓕᕈᕕᑦ, ᐃᓗᐊᖅᓴᐃᔨᒥᑦ ᐅᖃᖃᑎᖃᕈᓐᓇᖅᐳᑎᑦ.

Immunization Protocol for Menjugate®

Meningococcal C Conjugate

Purpose	To provide information and guidance for the Meningococcal C Conjugate (Men-C-C) immunization program in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
Objective	To protect Nunavummiut against invasive disease caused by *Neisseria meningitidis* serogroup C.
Indication	Nunavut's publicly funded program is offered routinely to all children at 1 year of age. Men-C may also be indicated in post-exposure prophylaxis for contacts of confirmed cases of meningococcal group C infection, under the direction of the office of the CMOH.
Eligibility	Children ≥ 1 year of age living in Nunavut. Children < 5 years of age who did not receive the Men-C-C vaccine at 1 year of age should receive one dose. - In post-exposure prophylaxis to specific contacts (≥2 months of age) of a confirmed case of Meningococcal groups C as directed by the office of the Chief Medical Officer of Health (CMOH) for Nunavut.
Product	Menjugate®
Vaccine Type	Inactivated conjugate vaccine
Vaccine components	10 µg Meningococcal Group C Oligosaccharide conjugated to 12.5 to 25 µg CRM197 Aluminium hydroxide, histindine, sodium chloride, water for injections
Formats available	Glass syringe or glass vial filled with 0.6 mL of vaccine.
Manufacturer	GlaxoSmithKline Inc.
Administration	Intramuscular (IM) in the deltoid muscle for children ≥ 1 year of age with adequate muscle mass and adults. Gently shake the vial or syringe prior to administration.
Dose Series	Single dose of 0.5mL reconstituted vaccine given routinely at 1 year of age.
Booster Dose	Not applicable
Vaccine interchangeability	Menjugate® and NeisVac-C® may be used interchangeably
Contraindications	A known hypersensitivity to any component of the vaccine and those who have shown signs of hypersensitivity after a previous administration of Menjugate®.
Precautions and Additional Notes	Vaccination should be delayed in those children with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization. Menjugate® can be given concomitantly with other vaccinations, however it must be given in a separate syringe at a separate injection site. Although no natural rubber latex is detected in the syringe tip cap, the safe use of Menjugate in latex-sensitive individuals has not been established. The vaccine should be given with caution to those with bleeding disorders. The safety of the vaccine during pregnancy and lactation has not been established. The vaccine should not be used during pregnancy unless there is a defined risk of meningococcal C disease, in which case the risk/benefit relationship should be evaluated.

	The risk/benefit relationship should also be examined before making the decision as to whether to immunize during lactation.
Vaccine Supply and Distribution	Review section on vaccine ordering in the policy and procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	Mild reactions, including injection site reactions (redness, tenderness, and swelling), occur in up to 50% of vaccine recipients. Irritability occurs in up to 80% of infants and fever in up to 9% when other vaccines were administered. Headaches and malaise occur in up to 10% of older children and adults. These reactions last no more than a few days.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Meningococcal C Vaccine Fact Sheet
References	1. Menjugate® Product Monograph. GlaxoSmithKline Inc. December 16, 2015. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. Canada Communicable Disease Report (2009). National Advisory Committee Update on the Invasive Meningococcal Disease and Meningococcal Vaccine Conjugate Recommendations; 35(ACS-3).

Immunization Protocol for NeisVac-C®

Meningococcal C Conjugate

Purpose	To provide information and guidance for the Meningococcal C Conjugate (Men-C-C) immunization program in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
Objective	To protect Nunavummiut against invasive disease caused by *Neisseria meningitidis* serogroup C.
Indication	Nunavut's publicly funded program is offered routinely to all children at 1 year of age. Men-C may also be indicated in post-exposure prophylaxis for contacts of confirmed cases of meningococcal group C infection, under the direction of the office of the CMOH.
Eligibility	Children ≥ 1 year of age living in Nunavut. Children < 5 years of age who did not receive the Men-C-C vaccine at 1 year of age should receive one dose. - In post-exposure prophylaxis to specific contacts (≥2 months of age) of a confirmed case of Meningococcal groups C as directed by the office of the Chief Medical Officer of Health (CMOH) for Nunavut.
Product	NeisVac-C®
Vaccine Type	Inactivated conjugate vaccine
Vaccine components	Neisseria meningitidis group C polysaccharide, tetanus toxoid, aluminium hydroxide, sodium chloride
Formats available	0.5 mL semi-opaque white to off-white suspension in a latex-free prefilled syringe.
Manufacturer	Pfizer Canada Inc.
Administration	Intramuscular (IM) in the deltoid muscle for children ≥ 1 year of age with adequate muscle mass and adults. Gently shake the syringe to obtain a semi-opaque white to off-white suspension prior to administration.
Dose Series	Single dose of 0.5mL reconstituted vaccine given routinely at 1 year of age.
Booster Dose	Not applicable
Vaccine interchangeability	Menjugate® and NeisVac-C® may be used interchangeably
Contraindications	A known hypersensitivity to any component of the vaccine and those who have shown signs of hypersensitivity after a previous administration of NeisVac-C®.
Precautions and Additional Notes	Vaccination should be delayed in those children with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization. NeisVac-C® can be given concomitantly with other vaccinations, however it must be given in a separate syringe at a separate injection site. The vaccine should be given with caution to those with bleeding disorders. The safety of the vaccine during pregnancy and lactation has not been established. The vaccine should not be used during pregnancy unless there is a defined risk of meningococcal C disease, in which case the risk/benefit relationship should be evaluated. The risk/benefit relationship should also be examined before making the decision as to whether to immunize during lactation.

Vaccine Supply and Distribution	Review section on vaccine ordering in the policy and procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	The most common side effects are normally mild and usually resolve within 24 – 72 hours following vaccination and include injection-site pain, erythema, and swelling. Other general reported symptoms in young children include change of appetite, diarrhea and fever in younger children.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Meningococcal C Vaccine Fact Sheet
References	1. Neis-Vac-C® Product Monograph. Pfizer Canada Inc. March 31, 2015. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. Canada Communicable Disease Report (2009). National Advisory Committee Update on the Invasive Meningococcal Disease and Meningococcal Vaccine Conjugate Recommendations; 35(ACS-3).

Fact Sheet

Meningococcal C Vaccine

What is Meningococcal C (Men-C)?

Men-C is a bacterial disease that is spread from one person to another by coughing, sneezing, and through saliva. Men-C can cause life-threatening infections including meningitis (brain infection) and septicemia (blood infection). Out of every 100 children infected with Men-C, 10 will die. Hearing loss, brain damage, or limb amputations may occur in those who survive

Who should receive the vaccine?

In Nunavut it is recommended for routine immunization of all children at 1 year of age.

The vaccine may also be offered to Nunavummiut who may have been in contact, or are at risk of being in contact with a person sick with the bacteria.

What are benefits of the vaccine?

It prevents Nunavummiut from getting sick from meningococcal infection.

It protects the community and those most at risk of complications from infection.

Is the Men-C vaccine safe?

Yes. The most common side effects are mild fever, headache, tiredness, and irritability. This is a normal reaction and indicates that your body is making antibodies to Men-C. There may also be some redness and pain at the needle site. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the Men-C vaccine?

Tell your health care provider if you have any of the following:

- Severe allergic reaction to a previous dose of a vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine.
- Pregnancy
- Any medical condition, treatment or medications that make you less able to fight off infections.

What is the risk of not getting the Men-C vaccine?

Men-C exists in Canada and throughout the world. Without the recommended Men-C vaccine you are at risk of getting this disease

Meningococcal C Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Fiche de renseignements

Vaccin contre le méningocoque C

Qu'est-ce que le méningocoque C (Men-C)?

Le Men-C est une maladie bactérienne qui se transmet d'une personne à une autre par la toux, les éternuements et la salive. Le Men-C peut entraîner des maladies pouvant mettre la vie du patient en danger, y compris la méningite (infection du cerveau) et la septicémie (infection du sang). Dix enfants sur 100 infectés par le Men-C en décèderont. Des pertes d'ouïe, des lésions au cerveau ou l'amputation de membres sont des séquelles pouvant atteindre ceux qui survivent.

Qui devrait recevoir le vaccin?

Au Nunavut, on recommande l'immunisation systématique de tous les enfants à un an.

Le vaccin peut aussi être offert aux Nunavummiuts qui ont été en contact avec une personne malade ayant contracté la bactérie ou qui risquent de l'être.

Quels sont les avantages du vaccin?

Le vaccin empêche les Nunavummiuts de tomber malades en raison d'une infection au méningocoque.

Il protège la collectivité et les personnes les plus à risque de subir des complications découlant d'une infection.

Le vaccin contre le Men-C est-il sécuritaire?

Oui. Les effets secondaires les plus courants sont : un peu de fièvre, mal de tête, fatigue et irritabilité. Cette réaction est normale et elle indique que votre organisme fabrique des anticorps. Il peut aussi y avoir un peu de rougeur et de douleur au lieu d'insertion de l'aiguille. De nombreuses personnes n'éprouvent aucun effet secondaire découlant du vaccin.

Comme c'est le cas avec tous les vaccins, il existe une très faible probabilité de subir une réaction allergique grave, nommée *anaphylaxie.* L'anaphylaxie se manifeste sous forme d'urticaire, d'éruption cutanée, d'enflure à la bouche et de difficulté à respirer. Ce type de réaction survient typiquement dans les 15 minutes suivant la réception du vaccin. **Il est donc recommandé que vous restiez à la clinique pendant 15 minutes après la réception d'un vaccin**. L'anaphylaxie se traite, et votre fournisseur de soins de santé est formé pour la traiter.

Qui devrait parler à son fournisseur de soins de santé avant de recevoir le vaccin contre le Men-C?

Informez votre fournisseur de soins de santé si :

- Vous avez déjà subi une réaction allergique grave à un vaccin reçu dans le passé, par exemple : respiration sifflante, serrement de poitrine, constriction de la gorge et difficulté à respirer ou à avaler;
- Vous êtes allergique à l'un des ingrédients du vaccin;
- Vous êtes enceinte;
- Votre état de santé, vos traitements ou vos médicaments vous rendent moins apte à combattre les infections.

Quels sont les risques auxquels on s'expose en ne prenant pas le vaccin contre le Men-C?

Le Men-C existe au Canada et partout dans le monde. Sans le vaccin contre le Mec-C recommandé, vous risquez de contracter la maladie.

Vaccin contre le méningocoque C : post-traitement
• Pour réduire la fièvre et pour soulager la douleur, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Pour les enfants, veuillez leur donner la dose recommandée par votre fournisseur de soins de santé ou sur la bouteille. • Il ne faut **PAS** donner d'aspirine à une personne de moins de 20 ans en raison du risque du syndrome de Reye, qui peut entraîner des blessures permanentes au cerveau, et la mort. • Si vous éprouvez des effets secondaires graves, comme de l'enflure à la bouche ou aux lèvres, de l'urticaire ou des crises, veuillez immédiatement vous rendre au service des urgences ou au centre de santé le plus près de chez vous. • Si vous avez des questions ou des inquiétudes relatives à une réaction au vaccin, veuillez en parler à votre fournisseur de soins de santé.

ᓱᓕᔪᖅ

ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ C ᐋᓐᓂᐊᓕᕆᒃᑯᑎ

ᑭᓱᖓᒧᑦ ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ C (Men-C)?

ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ-C ᕿᐱᕐᕈᐊᕐᔪᐃᑦ ᒪᒥᓴᐅᒃᓴᐅᔪᑦ ᐋᓐᓂᐊᕐᓇᐅᔪᑦ ᓱᐊᒻᒪᒃᑎᑕᐅᕙᒃᓗᓂ ᐃᓄᖕᒥᑦ ᐊᓯᖓᓄᑦ ᕿᐃᖅᓯᕐᓂᒃᑯᑦ, ᑕᑭᐅᒃᓴᕐᓂᒃᑯᑦ, ᓄᕙᒃᑯᓪᓗ. ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ-C ᐱᑎᑦᑎᓲᖅ ᐅᓗᕆᐊᓇᖅᑐᒥᒃ ᐃᓅᓯᕐᒧᑦ ᓱᑉᐳᖓᓇᖅᑐᓂᒃ ᐃᒪᐅᓪᓗᓂ ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ (ᖃᕋᓴᒃᑯᑦ ᓱᑉᐳᖓᓇᖅᑐᖅ) ᐊᒻᒪᓗ ᐊᐅᒃᑯᑦ ᑐᕐᑯᓇᖅᑖᖅᑐᖅ ᕿᐱᕐᕈᐊᕐᔪᑖᕐᓂᒃᑯᑦ (ᐊᐅᒃᑯᑦ ᐊᒻᒪᑎᕐᓂᖅ). ᑕᐃᑲᙵᑦ ᑕᒪᒃᑭᖅᑐᓂ 100 ᓄᑖᖅᑲᓂᑦ ᐊᒻᒪᑎᕐᓂᓕᖕᓂ ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ-C, 10 ᐃᓅᔪᓐᓃᕋᔭᖅᑐᑦ. ᑐᓵᔪᓐᓃᕐᓂᖅ, ᖃᕋᓴᕐᓗᓕᕐᓂᖅ, ᐅᖕᖑᓘᓐᓃᑦ ᓯᖕᕕᐊᒃᑯᑦ ᓇᑲᑕᐅᓂᕐᓂ ᓴᖅᑭᑐᐃᓐᓇᓇᐊᓕᒃ ᑕᐃᒃᑯᓄᖓ ᐃᓅᔪᓐᓃᖖᒋᑦᑐᓄᑦ

ᑭᓇ ᐱᔭᕇᕐᓂᐊᖅᑲᖅ ᐋᓐᓂᐊᓕᕆᒃᑯᑎᓕᖅᑕᐅᓂᕐᒥᒃ?

ᓄᓇᕗᒻᒥ ᐱᕐᑯᔭᐅᔪᖅ ᐋᓐᓂᐊᕆᒃᑯᓯᖅᑕᐅᔾᔪᑎᒃᑯᑦ ᓄᑕᕋᓖᒪᓄᑦ ᐊᑕᐅᓯᕐᒥᒃ ᐅᑭᐅᓕᖕᓄᑦ.

ᐋᓐᓂᐊᓕᕆᒃᑯᑎ ᐱᑎᑕᐅᔪᓐᓇᕐᒥᔪᖅ ᓄᓇᕗᒻᒥᐅᓄᑦ ᐅᐸᒍᑎᓯᒪᔪᕕᓂᕐᓄᑦ, ᐅᓗᕆᐊᓇᖅᑐᒦᑦᑐᓄᓪᓗᓐᓂᑦ ᐅᐸᒍᑎᓯᒪᓂᕐᒧᑦ ᐃᓄᖕᒧᑦ ᐋᓐᓂᐊᖅᑐᒧᑦ ᕿᐱᕐᕈᐊᕐᔪᕐᑲᖅᑐᒧᑦ.

ᑭᒃᑯᑦ ᐱᕚᓪᓕᕋᔭᖅᐸᑦ ᐋᓐᓂᐊᓕᕆᒃᑯᑎᓕᖅᑕᐅᓂᕐᒥ?

ᐱᑎᑦᑎᙱᑦᑐᓐᓇᖅᑐᖅ ᓄᓇᕗᒻᒥᐅᓂᑦ ᐋᓐᓂᐊᓕᕐᓂᕐᒥᒃ ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ ᓱᑉᐳᖓᓇᒥ.

ᓴᐳᒻᒥᒋᓲᖅ ᓄᓇᓕᖕᒥ ᑕᐃᒃᑯᓂᖓᓗ ᐅᓗᕆᐊᓇᖅᑐᒦᑦᑐᓂᒃ ᐊᒃᓯᕈᕐᓇᖅᑐᒃᑰᖃᑦᑕᖅᑐᓄᑦ ᓱᑉᐳᖓᓇᖅᑐᒧᑦ.

ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ–C ᐋᓐᓂᐊᓕᕆᒃᑯᑎᓕᖅᑕᐅᓂᖅ ᐊᑦᑕᕐᓇᙱᓚᖅ?

ᐋ. ᐊᑐᖅᑕᐅᒐᔪᒃᑐᑦ ᐊᑐᓚᐅᖅᑎᓪᓗᒍ ᖃᓄᐃᓕᖓᒐᔾᔪᑎᖓ ᐆᓇᒐᓚᖕᓂᖅ, ᓂᐊᕐᑯᙳᓂᖅ, ᑕᕐᑲᓯᒪᓕᕐᓂᖅ, ᐊᒻᒪ ᐸᒃᕕᒍᓯᓕᕐᓂᖅ. ᑖᒃᑯᐊ ᓈᒻᒪᒃᑐᑦ ᐊᑐᖅᑐᑦ ᓇᓗᓇᐃᖅᓯᓪᓗᓂᓗ ᑎᒥᑦ ᐃᓅᓕᓴᐃᔭᖅ ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ-C–ᒧᑦ. ᐊᐅᐸᓚᓕᕈᓐᓇᕐᒥᔭᖅ ᐋᓐᓂᐊᒐᓚᒃᑐᓂᓗ ᑲᐱᔭᐅᕝᕕᑦᓵᖅᑐᒃᑯᑦ. ᐅᓄᖅᑐᑦ ᐃᓄᐃᑦ ᐊᑐᓚᐅᖅᑎᓪᓗᒍ ᖃᓄᐃᓕᖓᒐᔾᔪᑎᖃᖃᑦᑕᙱᑦᑐᑦ ᐋᓐᓂᐊᓕᕆᒃᑯᑎᒥᒃ.

ᐋᓐᓂᐊᓕᕆᒃᑯᑎᓕᖅᑕᐅᔾᔪᑎᓕᒫᑦ, ᐊᑐᖅᑕᐅᒐᔪᙱᑦᑐᖅ ᐱᑐᐃᓐᓇᓇᐊᓕᒃ ᐱᔭᐅᔪᐊᖅᑐᒥᒃ ᑎᒥᐅᑉ ᓈᒻᒪᙱᑦᑕᙵᓂᒃ ᑕᐃᔭᐅᔪᖅ (anaphylaxis) *ᑎᒥᐅᑉ ᓈᒻᒪᙱᑦᑕᙵᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖅ.* ᑎᒥᐅᑉ ᓈᒻᒪᙱᑦᑕᙵᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖅ ᓴᖅᑭᓲᖅ ᐱᙳᔭᓕᕐᓂᕐᒥᒃ, ᐊᐅᐸᓚᕆᓕᕐᓂᕐᒥᒃ, ᐳᓪᓕᕐᓂᕐᒥ ᖃᓂᒃᑯᑦ, ᐊᓂᖅᑎᓇᑦᑎᐊᕈᓐᓇᐃᓪᓕᓂᕐᒥᒃ. ᑕᐃᒪᓐᓇᐃᑦᑐᖅ ᖃᓄᐃᓕᖓᓕᕐᓇᖅ ᐊᑐᓕᔭᓐᓂᖅᓴᖅ 15 ᑕᕿᓂᖅᓴᒃᑯᑦ ᖃᐅᔨᓴᐅᑎᒥᒃ ᐱᓚᐅᖅᑎᓪᓗᒍ ᐋᓐᓂᐊᓕᕆᒃᑯᑎᓕᖅᑕᐅᓂᕐᒧᑦ. **ᐱᕐᑯᔭᐅᔪᖅ ᐋᓐᓂᐊᕕᖕᒦᖏᓐᓇᕐᓗᑎᑦ 15 ᑕᕿᓂᖅᓴᒃᑯᑦ ᖃᐅᔨᓴᐅᑎᒃᑯᑦ ᖃᓄᑐᐃᓐᓇᖅ ᐋᓐᓂᐊᓕᕆᒃᑯᓯᓕᖅᑕᐅᓚᐅᖅᑎᓪᓗᑎᑦ.** ᑎᒥᐅᑉ ᓈᒻᒪᙱᑦᑕᙵ ᒪᒥᓴᖅᑕᐅᔪᓐᓇᖅᑐᖅ ᐋᓐᓂᐊᕕᖕᒥᒎ ᐱᓕᕆᔩᑦ ᐱᓕᒪᒃᓴᖅᓯᒪᔪᖅ ᒪᒥᓴᐃᓂᕐᒥᒃ.

ᑭᓇ ᐅᖃᖅᑎᖅᑲᓇᐊᖅᑲᖅ ᐋᓐᓂᐊᕕᖕᒥ ᐱᓕᕆᔨᒧᑦ ᐱᓂᐊᓵᖅᑎᓪᓗᒍ ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ– C ᐋᓐᓂᐊᓕᕆᒃᑯᑎᒥᒃ?

ᐅᖃᐅᑎᓗᒍ ᐋᓐᓂᐊᕕᖕᒥ ᐱᓕᕆᔩᑦ ᓇᓕᐊᖕᓂᑐᐃᓐᓇᖅ ᐱᖃᕐᒪᖖᒫᖅᐱᑦ ᐊᑖᓃᑦᑐᓂᒃ:

- ᐱᕐᔪᐊᖅᑐᒥᒃ ᑎᒥᒧᑦ ᓈᒻᒪᙱᑦᑕᕐᑲᕐᓂᖅ ᑲᐱᔭᐅᓂᕆᓚᐅᖅᑕᕝᕕᑦ ᐋᓐᓂᐊᓕᕆᒃᑯᑎᒥᒃ. ᐱᕐᔪᐊᖅᑐᑦ ᖃᓄᐃᓕᕐᔪᑎᑦ ᐃᓚᐅᑎᑦᑎᔪᑦ ᐊᓂᖅᑎᓇᓂᒃᑯᑦ ᓄᕙᖅᑲᖅᐸᓚᑦᑎᓂᖅ, ᓴᒡᕕᒃᑯᑦ ᓱᑲᙵᖅᑰᔨᓂᖅ, ᐃᒡᕆᐊᕐᒥᐅᑕᖅᑲᖅᑰᔨᓂᖅ ᐊᓂᖅᑎᓇᒡᒐᕐᓂᕐᓗ ᐋᓯᒡᒐᕐᓂᕐᓘᓐᓃᑦ.
- ᑎᒥᐅᑉ ᓈᒻᒪᙱᑦᑕᙵ ᖃᓄᑐᐃᓐᓇᖅ ᐃᓚᓯᒪᔪᙱᓂᒃ ᐋᓐᓂᐊᓕᕆᒃᑯᑎᒥᒃ.
- ᕿᑐᕐᙵᒃᓴᖅᑲᕐᓂᕐᒥ

ᖃᓄᑐᐃᓐᓇᖅ ᐃᓗᐊᖅᓴᐃᔾᔪᑎᓄᑦ ᖃᓄᐃᓕᖓᓐᓇᕈᑎ, ᒪᒥᓴᐅᑎ ᐃᓗᐊᖅᓴᐃᔾᔪᑎᓘᓐᓃᑦ ᐃᓕᖕᓂᑦ ᐱᑎᑦᑎᓲᖅ ᓱᑉᐳᖓᓇᖅᑐᖃᕈᓐᓃᖅᑎᑦᑎᔪᓐᓇᐃᓪᓕᓂᕐᓂᒃ.

ᑭᓱ ᐅᓗᕆᐊᓇᖅᐸ ᐱᙱᓪᓗᓂ ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ –C ᐋᓐᓂᐊᓕᕆᒃᑯᑎᒥᒃ?

ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ-C ᐱᑕᕐᑲᖅᑐᖅ ᑲᓇᑕᒥ ᓄᓇᕗᐊᒥᓗ. ᐱᙱᓪᓗᓂ ᐱᕐᑯᔭᐅᔪᒥᒃ ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ-Cᐋᓐᓂᐊᓕᕆᒃᑯᑎᓕᖅᑕᐅᓂᕐᒥᒃ ᐅᓗᕆᐊᓇᖅᑐᒦᑦᑐᑎᑦ ᐱᓗᒍ ᑖᓐᓇ ᐋᓐᓂᐊᖅ.

ᕿᒥᕐᓘᑉ ᖃᕋᓴᐅᓪᓗ ᐃᒪᕆᐊᖓ–C ᐋᓐᓂᐊᓕᕆᒃᑯᓯᓕᖅᑕᐅᓚᐅᖅᑎᓪᓗᒍ ᑲᒪᒋᓂᖅ

- ᐆᓇᑲᑕᓗᐊᖅᑕᐃᓕᓇᓱᒃᓗᓂ ᐋᓐᓂᐊᕈᓐᓃᕋᓱᒃᓗᓂᓗ ᐃᓗᕐᕆᙱᓐᓂᕐᒥᒃᓗᓐᓃᑦ, ᐱᔪᓇᖅᑐᑎᑦ (Acetaminophen) ᓂᐊᕐᑯᙳᔪᓐᓃᕈᑎ (ᑕᐃᓚᓈ, ᑕᒻᐳᕋ) ᐅᖕᖑᓘᓐᓃᑦ (Ibuprofen) ᓴᐅᓂᙳᔪᓐᓃᕈᑎ (ᐋᑦᕕᐅᓪ, ᒨᑐᕆᓐ). ᓄᑖᖅᑲᓄᑦ, ᐱᑎᓪᓗᒍ ᖃᓄᑎᕆᐅᕐᑯᔭᐅᔪᒥᒃ ᐋᓐᓂᐊᕕᖕᒥ ᐱᓕᕆᔩᖕᓄᑦ ᐳᖓᓃᑦᑐᑎᒍᓪᓗᓐᓃᑦ.
- ᐋᔅᐱᓐ (ASA) **ᐱᑎᑕᐅᔭᕆᐊᖅᑲᙱᑦᑐᖅ** ᑭᓇᑐᐃᓐᓇᒧᑦ ᑐᖔᓂ 20 ᐅᑭᐅᓕᖕᒧᑦ ᐱᓪᓗᒍ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖓ ᕋᐃᔅ ᐋᓐᓂᐊᕈᑕᐅᔪᓐᓇᖅᑐᒥᒃ, ᐱᑎᑦᑎᔪᓐᓇᖅᑐᖅ ᖃᕋᓴᒃᑯᑦ ᓯᕋᖕᓂᕐᒥᒃ ᐃᓅᔪᓐᓃᕐᓂᕐᒥᒃᓗ.
- ᐊᑐᕈᕕᑦ ᖃᓄᑐᐃᓐᓇᖅ ᐱᕐᔪᐊᖅᑐᒥᒃ ᐱᔭᕇᓚᐅᖅᑎᓪᓗᑎᑦ ᓰᕐᓗ ᐳᖕᕕᕿᓂᖅ ᖃᓂᒃᑯᑦ/ᖃᓂᐅᑉ ᓯᓈᒍᑦ, ᐱᙳᔭᖕᓂᕐᒥᒃ ᕿᑉᐹᖅᓯᕐᓂᕐᒥᒃᓗᓐᓃᑦ ᑐᐊᕕᕐᓇᖅᑐᒃᑯᕕᖕᒍᙳᐅᓗᑎᑦ ᐋᓐᓂᐊᕕᖕᒍᓪᓗᓐᓃᑦ ᐃᖕᖏᓐᓇᖅ.
- ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ, ᐃᓱᒫᓗᑎᓂᒃᓗᓐᓃᑦ ᐱᓪᓗᒍ ᖃᓄᐃᓕᔾᔪᑎ ᐋᓐᓂᐊᓕᕆᒃᑯᑎᓕᖅᑕᐅᓚᐅᕐᓗᓂ, ᐅᖃᖅᑎᖃᕐᓗᑎᑦ ᐋᓐᓂᐊᕕᖕᒥ ᐱᓕᕆᔨᖕᓄᑦ.

Immunization Protocol for Menactra®

Meningococcal Groups A, C, Y and W (Men-C-ACYW)

Purpose	To provide information and guidance for the Meningococcal A, C, Y, and W (Men-C-ACYW) immunization program in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
Objective	To prevent infection with *Neisseria meningitidis* and invasive meningococcal disease (IMD) in those most at risk in Nunavut.
Indication	Nunavut's publicly funded program is offered routinely to all youth aged 13-16 years of age (grade 9). It is also indicated in post-exposure prophylaxis for contacts of confirmed cases and for individuals considered at high risk. See eligibility for further information.
Eligibility	- Adolescents 13-16 years at school (grade 9) or at the first opportunity at the health center. - If not previously vaccinated with meningococcal vaccine in adolescence (including previous vaccination with Meningococcal C vaccine) 1 dose is recommended for students or athletes <25 years of age. - In post-exposure prophylaxis to specific contacts (9 months through 55 years of age) of a confirmed case of Meningococcal groups A, Y, or W- as directed by the office of the Chief Medical Officer of Health (CMOH) for Nunavut. For contacts of serogroup C review Meningococcal C immunization protocol. -Under the direction of the primary care physician, individuals with the following risk factors may receive the publically funded quadrivalent conjugate meningococcal vaccine: • anatomic or functional asplenia; • complement, properdin, factor D or primary antibody deficiencies; • acquired complement deficiency; • acquired immune deficiencies (e.g. HIV) -Menactra® may be recommended to travelers to areas with high rates of endemic meningococcal infection or transmission. Travelers are responsible to pay for the vaccine in these cases.
Product	Menactra®
Vaccine Type	Inactivated polysaccharide vaccine conjugated to diphtheria toxoid protein
Vaccine components	4 µg each of meningococcal A, C, Y and W polysaccharides conjugated to a total of approximately 48 µg of a diphtheria toxoid protein carrier. Sodium Chloride, Dibasic Sodium Phosphate, Monobasic Sodium Phosphate, and Water for Injection.
Formats available	1 x 1 Dose Vial 5 x 1 Dose Vial The stopper of the vial presentation of this vaccine does not contain latex (natural rubber).
Manufacturer	Sanofi Pasteur Limited.
Administration	Intramuscular (IM) in the deltoid muscle. The vaccine **should not** be administered into the buttocks. Gently shake the vial to obtain a clear, slightly turbid solution prior to administration.
Dose Series	1 single dose of 0.5 ml

Booster Dose	Not applicable
Vaccine interchangeability	May be used interchangeably with NIMENRIX® depending on the age of the recipient. See Nimenrix® protocol for further information.
Contraindications	A Known systemic hypersensitivity reaction to any component of Menactra® or its container. Life-threatening reaction after previous administration of a vaccine containing similar components.
Precautions and Additional Notes	Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization. Menactra® should be given to a pregnant woman only if clearly needed, such as during an outbreak or prior to necessary travel to an endemic area, and only after assessment of the risks and benefits by the primary physician. Individuals previously diagnosed with Guillain-Barré syndrome (GBS) may be at increased risk of GBS following receipt of Menactra®. The decision to give Menactra® should occur after assessment of the risks and benefits by the primary physician.
Vaccine Supply and Distribution	Review section on vaccine ordering in the policy and procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	Injection site pain, induration, redness and swelling. Headache, fatigue and malaise.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Meningococcal ACYW Vaccine Fact Sheet
References	1. Menactra® Product Monograph. Sanofi Pasteur Limited. June 13, 2012. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. National Advisory Committee on Immunization. An Advisory Committee Statement: Update on the Use of Quadrivalent Conjugate meningococcal Vaccines. January 2013.

Immunization Protocol for NIMENRIX®

Meningococcal Groups A, C, Y and W (Men-C-ACYW)

Purpose	To provide information and guidance for the Meningococcal A, C, Y, and W (Men-C-ACYW) immunization program in Nunavut. Refer to the Canadian Immunization Guide (CIG) and product monograph or insert for specific information.
Objective	To prevent infection with *Neisseria meningitidis* and invasive meningococcal disease (IMD) in those most at risk in Nunavut.
Indication	Nunavut's publicly funded program is offered routinely to all youth aged 13-16 years of age (grade 9). It is also indicated in post-exposure prophylaxis for contacts of confirmed cases and for individuals considered at high risk. See eligibility for further information.
Eligibility	- Adolescents 13-16 years at school (grade 9) or at the first opportunity at the health center. - If not previously vaccinated with meningococcal vaccine in adolescence (including previous vaccination with Meningococcal C vaccine) 1 dose is recommended for students or athletes <25 years of age. - In post-exposure prophylaxis to specific contacts (12 months through 55 years of age) of a confirmed case of Meningococcal groups A, Y, or W as directed by the office of the Chief Medical Officer of Health (CMOH) for Nunavut. For contacts of serogroup C review Meningococcal C immunization protocol. - Under the direction of the primary care physician, individuals with the following risk factors may receive the publically funded quadrivalent conjugate meningococcal vaccine: • anatomic or functional asplenia; • complement, properdin, factor D or primary antibody deficiencies; • acquired complement deficiency; • acquired immune deficiencies (e.g. HIV) - NIMENRIX® may be recommended to travelers to areas with high rates of endemic meningococcal infection or transmission. Travelers are responsible to pay for the vaccine in these cases.
Product	NIMENRIX®
Vaccine Type	Inactivated polysaccharide vaccine conjugated to tetanus toxoid protein
Vaccine components	5 µg each of meningococcal A, C, Y and W polysaccharides conjugated to a total of approximately 44 µg of a tetanus toxoid protein carrier. Sucrose, Trometamol, Sodium Chloride, and Water for Injection.
Formats available	NIMENRIX® is supplied in a single dose glass vial. The 0.5ml diluent is supplied in a prefilled syringe.
Manufacturer	Pfizer Canada Inc.
Administration	Intramuscular (IM) in the deltoid muscle. The vaccine **should not** be administered into the buttocks. NIMENRIX® must be reconstituted by adding the entire content of the pre-filled syringe of diluent to the vial containing the powder. The mixture should be well shaken until the powder is completely dissolved in the diluent.
Dose Series	1 single dose of 0.5 ml
Booster Dose	Not applicable

Vaccine interchangeability	May be used interchangeably with Menactra® depending on the age of the recipient. See Menactra® protocol for further information.
Contraindications	A known systemic hypersensitivity reaction to any component of NIMENRIX® or its container. Life-threatening reaction after previous administration of a vaccine containing similar components.
Precautions and Additional Notes	Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization. NIMENRIX® should be given to a pregnant woman only if clearly needed, such as during an outbreak or prior to necessary travel to an endemic area, and only after assessment of the risks and benefits by the primary physician.
Vaccine Supply and Distribution	Review section on vaccine ordering in the policy and procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	Injection site pain, induration, redness and swelling. Headache, fatigue and malaise.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Meningococcal ACYW Vaccine Fact Sheet
References	1. NIMENRIX® Product Monograph. Pfizer Canada Inc. February 29, 2016. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. National Advisory Committee on Immunization. An Advisory Committee Statement: Update on the Use of Quadrivalent Conjugate meningococcal Vaccines. January 2013.

Fact Sheet

Meningococcal A,C,Y, W-135 (Men-ACYW-135)

What is Meningococcal A,C,Y,W-135 (Men-ACYW-135)?

Meningoccocal A,C, Y and W-135 are 4 types of a bacteria that is spread from one person to another by coughing, sneezing, and through saliva Meningococcal bacteria can cause life-threatening infections including meningitis (brain infection) and septicemia (blood infection). Out of every 100 children infected with Men-ACYW-135, 10 will die. Hearing loss, brain damage, or limb amputations may occur in those who survive.

Who should receive the vaccine?

The vaccine is recommended to all teenagers between 13 to 16 years of age and is offered routinely in Grade 9.

It may also be given to those who may have been in contact, or are at risk of being in contact with a person sick with the bacteria.

What are benefits of the vaccine?

It helps prevent Nunavummiut from getting infections with these 4 types of bacteria

It protects the community and those most at risk of complications from infection.

Is the vaccine safe?

Yes. The most common side effects are mild fever, headache, tiredness, and irritability. This is a normal reaction and indicates that your body is making antibodies. There may also be some redness and pain at the needle site. Many people have no side effects at all from the vaccine. With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. In a school setting, your child will be supervised for 15 minutes after receiving the vaccine. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the vaccine?

Tell your health care provider if you have any of the following:

- Severe allergic reaction to a previous dose of a vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine.
- Pregnancy
- Any medical condition, treatment or medications that make you less able to fight off infections.

What is the risk of not getting the Men-ACYW-135 vaccine?

If you are recommended to receive the vaccine, it is because you are at risk of becoming sick with the disease. Meningococcal Disease exists in Canada and throughout the world.

Men-ACYW-135 Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Kangiqhidjutit

Meningococcal A,C,Y, W-135 (Men-ACYW-135)

Hunauyuq Meningococcal A,C,Y,W-135 (Men- ACYW-135)?

Meningoccocal A,C, Y unalu W-135 hitamat aanniarutit hiamitpaktut inungmit inungmut kalahuraangamik, takyuraangamik, nuvakmillu Meningococcal halumairunmit aanniarut aanniaryuarutauvaktuq meningitis-miklu (qaritaqmut aanniarut) unalu septicemia (aungmit aanniarut). Tamainnit 100-nut nutaqqanut aanniarutiqaqtunik uuminga Men-ACYW-135, 1qulit tuquniaqtut. Tuhaaruiqhutik, qaritaa nakuungiqhuni, timimingni ilaikhutik tahapkuat tuqungittut.

Kitkut kapukhiktughauvat kapuutikhanik havautiqaqtunik?

Havautiqaqtuq kapuutikhaq atuqtitautquyauyuq tamainnut inulramminut akunngani 13-nit 16-nut ukiuqaqtunut kapuqhirhimmaarutiginiaqtaat tahapkununga ilihaqtunut Ilihaqniani 9.

Tuniyauniaqtuqlu tahapkununga hanianiihimayunut , hanianiinnahuaqtunulluunniit aanniartumut inungmut aanniarutiqaqtumik.

Hunat ikayuutikhariyait kapuutikhamut havautiqaqtumik?

Ikayuutiginiaqtaat Nunavunmiutat aanniarutiniknaittumik ukuninga hitamanit aanniarutinit

Munarivagait nunallaamiutat tahapkuallu aanniartaaqtut ayuqhautikaklutiklu aanniarutimit.

Una kapuutikhauyuq qayangnaitpa?

Ihi. Aanniarutauvaktut ulurianaqyuangittut kidjakhutik, niaquqliqhutik, unaguhukhutik, nunngaliqhutiklu. Aannutait aanniarutigiliqpagait naunaitkutarivlugu timit aannairtailidjutikhaliuliqhuni. Aupadjakniarungnaqhiyuk ulurianaqhilunilu kapukhirviani. Amihut inuit naunaktukangittut aanniarutinik kapuutimut.

Tamainnut kapuutinut, pitjutikhakalluangittuq angiyumik timimut nakuunngirutauyaaqtunut atiqaqtumik *anaphylaxis-mik.*Anaphylaxis naunaikpaktut kukuvalaktut, amiklukhutik, pivittutik qanikmi, anirhaalimaikhutik ayuqhalikhutik. Imaittut ihuirutit pivaktut 15 minutes-ni kapukhiraangata. **Munarhiqarvikmiittughauyutit 15 minutes-ni kapukhiruvit uuminga BCG-mik kapukhiutaanut**. Iliharvikmi, nutaqqat munariyauniaqtuq15 minutes-ni kapukhirumi havautiqaqtumik. Anaphylaxis munariyauttaaqtuq munaqhigiyatit ayuiqhaqhimayullu ikayuriamingni.

Kitkut uqaqtughauvat munaqhimingnut kapukhiktinnatik?

Uqaqlutit munakhinut hapkuninga nallianik piqaruvit:

- Hunalikaak timimut nakunngirutauyaaktut kanga kapuutigiyamut havautikaktumik. Angiyut ihuirutigiyauvaktut ukuat anirhaagaangamik nivyaalikpiakhutik, hatqaq hukattutut ilivluni, iggiaq umiliktutut ilivluni anirhaalimailiktutullu iihilimaiktutullu ilivlutik.
- Timimut nakuunngirutauyaaqtunut hunamutlikaak ittumut kapuutauyami havautimik.
- Hingaiyunut
- Hunalikaak havautinut pidjutaa, munaqhidjutit havautilluuniit ikayuutaungittut aanniarutinut.

Hunat ihuirutauniaqqat kapuqhirngitkumik uuminga Men-ACYW-135 havautiqaqtumik kapuutikhamik?

Kapukhiquyauguvit havautiqaqtumik, aanniarnialirungnaqhigavit aanniarutimik. Meningococcal Aanniarut ittuq Kanatami nunakyuamilu.

Men-ACYW-135 Kapuutikhaq Havautiqaqtumik Munariyauhuiqqata
• Kidjakyuaqnaittumik uluriahukpiaknaittumiklu, ukuninga havautituktaaqtutit Acetaminophen (Tylenol, Tempra) unaluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, havautituktitlugit naunaikhimayainut munaqhit havautit puunganitluuniit. • Aspirin (ASA) **TUNIYAKHAUNGITTUQ** inungnut kimutlikaak ukiuqangittunut tikihimaittugu 20-nik ukiuni aanniarutinikniarungnaqhingmata uuminga Reye Syndrome, inuuhirmi taimaa kagitarliknaqmat tuqulutikluuniit. • Ayuqhautiqaruvit aanniarutinut ukunatut puvitpat qaniq/umilruk, kukvalaq qiuqhiulikkataluuniit munaqhiliaktughat aanniarvikmulluuniit qilamiuqlutik. • Apiqhuutiqaruvit,ihumaalukkuvitluuniit ihuirutikhamut havautimit kapuutikkut,uqaqvigilugu munaqhit.

ᑐᑭᓯᒋᐊᑭᑎ

ᖃᕋᓴᒃᑯᑦ/ᕿᑎᕋᒃᑯᑦ A,C,Y, W-135 (Men-ACYW-135)

ᑭᓱᒪᑦ ᖃᕋᓴᒃᑯᑦ/ᕿᑎᕋᒃᑯᑦ A,C,Y,W-135 (Men- ACYW-135)?

ᖃᕋᓴᒃᑯᑦ/ᕿᑎᕋᒃᑯᑦ A,C, Y ᐊᒻᒪ W-135 ᑎᓴᒪᐅᕗᑦ ᐊᔾᔨᒌᖏᑦᑐᓂᑦ ᖁᐱᕐᓇᑦᑐᖃᓯᐅᖑᕗᖅ ᓇᑯᕈᓘᔭᒃᑰᖃᑦᑕᖅᐳᑦ ᐊᓯᐊᒎᖅᐸᒃᑐᓂ ᓲᕐᓗ ᖁᐃᖅᓱᕐᓂᒃᑯᑦ, ᑕᒋᐅᕐᓂᒃᑯᑦ ᐊᒻᒪ ᓄᕙᒃᑯᑦ ᖃᕋᓴᒃᑯᑦ/ᕿᑎᕋᒃᑯᑦ ᖁᐱᕐᓇᓐᓂᖅ ᐊᒃᑐᐃᔪᓐᓇᖅᐳᑦ ᐃᓅᓯᓕᒫᕐᓄᑦ ᐋᓐᓂᐊᖅᑖᕐᑐᑎᑦ ᐱᕐᑲᑕᐅᕗᖅ ᖃᕋᓴᐅᑉ ᑲᕙᓯᐊ ᐃᒻᒪᒃᓯᒪᓕᕐᑐᓂ (ᖃᕋᓴᒃᑯᑦ ᐃᒻᒪᒃᓯᒪᓂᖅ) ᐊᒻᒪ ᐊᐅᒃ ᐃᒻᒪᒡᑐᓂ. 100-ᓕᒫᑦ ᑎᑭᐅᑎᑐᒍ ᓱᕈᓯᑦ ᐃᒻᒪᒃᓯᒪᔪᑦ ᖃᕋᓴᒃᑯᑦ/ᕿᑎᕋᒃᑯᑦ ACYW-135-ᒥᑦ, 10–ᖑᔪᑦ ᑐᖁᒐᔭᖅᑐᑦ. ᑑᓯᔪᓐᓇᐃᓕᑐᑎᒃ, ᖃᕋᓴᒃᑯᑦ ᐊᔪᓕᕐᑐᑎᒃ ᐅᖁᒧᓐᓃᑦ ᐃᓚᖓᓂ ᓇᑲᑕᐅᔪᖅᑲᕐᑐᓂ ᑎᒥᒥᒍᑦ ᑖᒃᑯᓂᖓ ᐆᒪᐃᓐᓇᖅᑐᓂ ᐋᓐᓂᐊᒍᑦ.

ᑭᓇᒃᑯᑦ ᑲᐱᔭᐅᔭᕆᐊᖅᑰᖑᕙ?

ᑲᐱᔭᐅᖃᑦᑕᕐᑯᔭᐅᓯᐅᖑᕗᑦ ᒪᒃᑯᒃᑐᓕᒫᑦ ᐊᑯᓐᓂᖓᓂ 13–ᒥᑦ 16-ᒧᑦ ᐅᑭᐅᓖᑦ ᐊᒻᒪ ᑐᓂᔭᐅᒐᔪᒃᐳᑦ ᕐᑯᑦᑎᖕᓃᑦ 9–ᒥᑦ.

ᑐᓂᔭᐅᑐᐃᓐᓇᕆᐊᓕᒃ ᐅᐸᒃᓯᒪᔪᕕᓂᕐᓂ ᐅᕝᕙᓘᓐᓃᑦ ᐊᑦᑕᕐᓇᑐᐃᓐᓇᕆᐊᓖᑦ ᐅᐸᒃᓯᒪᔪᕕᓂᕐᓄᑦ ᖃᓂᒪᔪᒥ ᖁᐱᕐᐸᓂ.

ᖃᓄᖅ ᐃᑲᔫᑎᐅᔪᓐᓇᖅᐸ ᑲᐱᔭᐅᓂᖅ?

ᐃᑲᔫᑎᐅᔪᓐᓇᖅᐳᖅ ᓄᓇᕗᒻᒥᐅᑦ ᖁᐱᕐᓇᑦᑕᐃᓕᒪᕐᑯᑐᕆᑦ ᑖᒃᑯᓂᖓ ᑎᓴᒪᓂ ᐊᔾᔨᒌᖏᑦᑐᓂᑦ ᖁᐱᕐᐳᖓᓂ.

ᓄᓇᓕᖕᓂᑦ ᓴᐳᒻᒥᒃᓴᔪᓐᓇᖅᐳᖅ ᑖᒃᑯᓂᖓᓗ ᐊᑦᑕᕐᓇᖅᓂᖅᐹᖑᔪᓂ ᖁᐱᕐᓇᖅᑐᓂ.

ᐊᑦᑕᕐᓇᖏᑉᐹ ᑲᐱᔭᐅᔾᔪᓂ?

ᑲᐱᔭᐅᔪᓕᒫᑦ ᐊᑐᖅᑕᐅᖏᓚᔪᒃᐳᑦ *ᑎᒥᐅᑉ ᓈᒻᒪᒋᖏᑕᖓᓂ ᐊᑦᑕᓇᕈᓐᓇᖅᑐᒥᑦ*. ᑎᒥᐅᑉ ᓈᒻᒪᒋᖏᑕᖏᑦ ᐊᑦᑕᓇᕈᓐᓇᖅᑑᔪᓐᓇᖅᑐᑦ ᓴᖅᑭᖃᑦᑕᖅᐳᑦ ᓲᕐᓗ ᑎᒦᑦ ᖃᑦᑎᒃᑐᓚᖁᖃᓕᕐᑐᓂ, ᐅᕙᓂᕐᑐᓕᕐᑐᑎᑦ, ᖃᓃᑦ ᐳᓪᓕᓕᕐᑐᓂ, ᐊᓂᖅᑎᓇᓚᓕᕐᑐᑎᑦ. ᑲᐳᑎᒥᑦ ᑕᐃᒪᐃᓕᓚᔪᒃᐳᑦ 15–ᒥᓇᒥᑦ ᑲᐱᔭᐅᔭᕇᖅᓯᒪᓕᖅᑎᓪᓗᑎᑦ. **ᐋᓐᓂᐊᕙᖕᒥᖅᑯᔭᐅᓯᐅᖑᕗᑦ 15–ᒥᓇᒥᑦ ᑭᓱᑐᐃᓐᓇᕐᒥᑦ ᑲᐱᔭᐅᔭᕇᖅᓯᒪᓕᖅᑎᓪᓗᑎᑦ.**

ᐃᓕᓐᓂᐊᕐᕕᖕᒥᑦ, ᕿᑐᕐᖓᑦ ᑲᒪᒋᔭᐅᒐᔭᖅᑐᖅ 15–ᒥᓇᒥᑦ ᑲᐱᔭᐅᔭᕇᖅᓯᒪᓕᖅᑎᓪᓗᒍ. ᑎᒥᐅᑉ ᓈᒻᒪᒋᖕᒋᑕᖕᒐᓄᑦ ᐊᑦᑕᓇᕈᓐᓇᕐᓂᖅ ᐃᓅᓕᓴᖅᑕᐅᔪᓐᓇᖅᑐᑦ ᐋᓐᓂᐊᓱᖅᑎᓪᓗ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓯᒪᓪᓗᓂ ᑲᒪᔪᓐᓇᖅᑯᒍ.

ᑲᐱᔭᐅᔪᖃᓚᐅᕐᒋᓐᓂᕐᒥᓂᒃ ᐋᓐᓂᐊᓱᖅᑎᒥᑦ ᐅᖃᖃᑎᖃᕐᓇᐊᖅᑲᖅᐸᑦ ᑭᓇᒃᑯᑦ?

ᐋᓐᓂᐊᓱᖅᑎ ᐅᖃᐅᑎᔭᕐᓇᐊᖅᑲᖅᑕᑦ ᐅᑯᓂᖓ ᐱᖃᓐᓂᕈᕕᑦ:

- ᑎᒥᐅᑉ ᓈᒻᒪᒋᖕᒋᑕᕐᔪᐊᖕᒐᓂ ᑲᐱᔭᐅᔭᕇᖅᓯᒪᓕᖅᑎᓪᓗᒍ. ᐃᒃᐱᒍᓱᕐᔪᐊᕐᓂᖅ ᐱᖃᑕᐅᑎᕗᖅ ᐊᓂᖅᑎᓇᓂᐊ ᓄᕙᖃᓗᐊᓕᕐᑐᓂ, ᓴᒡᕕᒃᑯᑦ ᓄᕙᖃᓗᐊᓕᕐᑐᓂ, ᐃᒋᐊᑦ ᓱᑲᖕᒐᓕᕐᑐᓂ ᐊᒻᒪ ᐊᓂᖅᑎᓇᒡᒐᓕᕐᑐᑎ ᐅᖁᒧᓐᓃᑦ ᓂᕆᔭᕐᓄᑦ ᐃᓯᔪᓐᓇᐃᓪᓕᑐᑎᑦ ᐃᓗᓕᖃᕈᓂ ᑲᐳᑎᖕᑦᑐᒥᑦ ᐱᐅᒋᖕᒋᑕᕐᓂᑦ.
- ᑎᒥᐅᑉ ᓈᒻᒪᒋᖕᒋᑕ ᐃᓗᓕᖕᒐᓃᑦᑐᒥᑦ ᑲᐳᑎᐅᑉ.
- ᓇᔾᔾᔨᑎᓪᓗᑎᑦ
- ᖃᓄᑐᐃᓐᓇᖅ ᑎᒥ ᖃᓄᐃᓕᑎᓪᓗᒍ, ᐃᓅᓕᓴᖅᑕᐅᑎᓪᓗᑎᑦ ᐅᖁᒧᓐᓃᑦ ᐃᔭᒐᖅᑎᓪᓗᑎᑦ ᖁᐱᓇᓯᒪᓂᕐᓄᑦ ᐅᓇᑕᕈᓐᓇᑦᑎᐊᕐᒋᐸᑦ.

ᑭᓱ ᐊᑦᑕᕐᓇᖅᑑᕙ Men-ACYW-135 ᑲᐱᔭᐅᕐᒋᑎᓪᓗᑎᑦ?

ᑲᐱᔭᐅᖁᔭᐅᓐᓂᕈᕕᑦ, ᖃᓂᒻᒪᑐᐃᓐᓇᓇᐊᖅᑲᕙᑦ ᐋᓐᓂᐊᒍᑦ. ᖃᕋᓴᒃᑯᑦ/ᕿᑎᕋᒃᑯᑦ ᐋᓐᓂᐊᖅᑕᖅᑲᓯᐃᖖᒍᒪᑦ ᑲᓇᑕᒥᑦ ᓯᓚᕐᔪᐊᒥᓪᓗ.

Men-ACYW-135–ᒥᑦ ᑲᐱᔭᐅᔭᕇᓯᒪᔪᖅᑲᓕᖅᑎᓪᓗᒍ

- ᐅᑎᕐᓇᖅᑐᒥᑦ ᐊᐅᓚᑦᑎᕐᑯᑐᒍ ᐋᓐᓂᐊᕈᓐᓃᖅᔪᒥᓕᕐᑐᒍᑐ ᐅᖁᒧᓐᓃᑦ ᐳᕕᑎᓪᓗᒍ, ᐃᓚᔭᕈᓐᓇᖅᐳᑎᑦ Acetaminophen–ᒥᑦ (Tylenol, Tempra)–ᒥᑦ ᐅᖁᒧᓐᓃᑦ Ibuprofen-ᒥᑦ (Advil, Motin)–ᒥᑦ. ᓱᕈᓯᕐᓄᑦ, ᐋᓐᓂᐊᓯᐅᖅᑎᐅᑉ ᐱᕐᑯᔭᖓᓂ ᐅᖁᒧᓐᓃᑦ ᐃᒪᕐᑲᖅᑐᒥᑦ ᐃᔭᒐᕐᒥᑦ.
- ᑐᖕᒫᓂ 20–ᓂᑦ ᐅᑭᐅᓖᑦ Aspirin–ᒥᑦ **ᑐᓂᔭᐅᔭᕆᐊᖃᖕᒋᑦᑐᑦ** Reye Syndrome–ᖑᓂᕋᖅᑐᒥᑦ ᐊᑦᑕᕐᓇᖅᑐᖅᑲᑐᐃᓐᓇᕆᐊᖃᕐᒪᑦ, ᖃᕋᓴᒃᑯᑦ ᐊᔪᐃᓐᓇᕈᑎᐅᓕᕈᓇᕐᒪᑦ ᐊᒻᒪ ᑐᖁᔪᖃᕐᑐᓂ.
- ᖃᓄᑐᐃᓐᓇᖅ ᐃᒃᐱᖕᓇᐃᕐᔪᐊᓕᕈᕕᑦ ᓲᕐᓗ ᖃᓃᑦ ᐳᕕᓕᖅᐸᑦ, ᑎᖕᒥᑦ ᐊᐅᐸᖅᑐᓖᕐᑲᓕᖅᐸᑦ ᐅᖁᒧᓐᓃᑦ ᕿᖓᖅᓱᑲᑕᓕᕐᑐᑎᑦ ᑐᐊᕕᕐᓇᖅᑐᒧᐊᑲᐅᑎᒋᔭᕆᐊᖃᖅᐳᑎᑦ ᐅᖁᒧᓐᓃᑦ ᐋᓐᓂᐊᕕᖕᒧᕐᑐᑎᑦ.
- ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᖃᕐᓂᕈᕕᑦ ᐃᓱᒫᓗᑎᖃᕐᑐᑎᒡᑐᓐᓂᑦ ᑲᐳᑎᒧᑦ ᐃᒃᐱᒍᓱᓕᕐᑐᑎᑦ, ᐋᓐᓂᐊᓯᐅᖅᑎ ᐅᖃᖅᑲᑎᒋᑐᒍ.

Fiche de renseignements

Fiche de renseignement sur le vaccin contre le méningocoque A,C,Y,W-135 (Men-ACYW-135)

Qu'est-ce que le vaccin contre le méningocoque A, C, Y, W-135 (Men-ACYW-135)?

Les méningocoques A, C, Y et W-135 sont quatre types de bactéries qui se transmettent d'une personne à une autre par la toux, les éternuements et la salive. Les méningocoques peuvent causer des maladies pouvant mettre la vie en danger, y compris la méningite (infection du cerveau) et la septicémie (infection du sang). Dix enfants sur 100 infectés par le Men-ACYW-135 en décèderont. Des pertes d'ouïe, des lésions au cerveau ou l'amputation de membres sont des séquelles pouvant atteindre ceux qui survivent.

Qui devrait recevoir ce vaccin?

Le vaccin est recommandé pour tous les jeunes âgés de 13 à 16 ans; il est offert systématiquement aux élèves de 9e année.

Il peut également être offert aux personnes qui ont été en contact avec une personne malade ayant contracté la bactérie ou qui risquent de l'être.

Quels sont les avantages du vaccin?

Il protège la population contre les infections causées par ces quatre types de bactéries.

Il protège aussi la collectivité et les personnes les plus à risque de subir des complications découlant d'une infection.

Le vaccin est-il sécuritaire?

Oui. Les effets secondaires les plus courants sont : un peu de fièvre, mal de tête, fatigue et irritabilité. Cette réaction est normale et elle indique que votre organisme fabrique des anticorps. Il peut aussi y avoir un peu de rougeurs au site d'insertion de l'aiguille. De nombreuses personnes n'éprouvent aucun effet secondaire découlant du vaccin. Comme c'est le cas avec tous les vaccins, il existe une très faible probabilité de subir une réaction allergique grave, nommée *anaphylaxie*. L'anaphylaxie se manifeste sous forme d'urticaire, d'éruption cutanée, d'enflure à la bouche et de difficulté à respirer. Ce type de réaction survient typiquement dans les 15 minutes suivant la réception du vaccin. **Il est donc recommandé de rester à la clinique 15 minutes après la réception d'un vaccin**. Les enfants qui reçoivent le vaccin à l'école seront surveillés durant les 15 minutes suivant son administration. L'anaphylaxie se traite, et votre fournisseur de soins de santé est formé pour la traiter.

Qui devrait parler à son fournisseur de soins de santé avant de recevoir le vaccin?

Informez votre fournisseur de soins de santé si :

- Vous avez déjà subi une réaction allergique grave à un vaccin reçu dans le passé, par exemple : respiration sifflante, serrement de poitrine, constriction de la gorge et difficulté à respirer ou à avaler;
- Vous êtes allergique à l'un des ingrédients du vaccin;
- Vous êtes enceinte;
- Votre état de santé, vos traitements ou vos médicaments vous rendent moins apte à combattre les infections.

Quels sont les risques auxquels on s'expose en ne prenant pas le vaccin contre le Men-ACYW-135?

Si l'on vous recommande le vaccin, c'est parce que vous êtes à risque de contracter cette maladie. Les infections à méningocoques sont présentes au Canada et ailleurs dans le monde.

Men-ACYW-135 — post-traitement

- Pour réduire la fièvre et pour soulager la douleur, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Pour les enfants, veuillez leur donner la dose recommandée par votre fournisseur de soins de santé ou sur la bouteille.
- Il ne faut **PAS** donner d'aspirine à une personne de moins de 20 ans en raison du risque du syndrome de Reye, qui peut entrainer des blessures permanentes au cerveau, et la mort.
- Si vous éprouvez des effets secondaires graves, comme de l'enflure à la bouche ou aux lèvres, de l'urticaire ou des crises, veuillez immédiatement vous rendre au service des urgences ou au centre de santé le plus près de chez vous.
- Si vous avez des questions ou des inquiétudes relatives à une réaction au vaccin, veuillez en parler à votre fournisseur de soins de santé.

Immunization Protocol for Prevnar®

Pneumococcal Conjugate 13-valent (Pneu-C-13)

Purpose	To provide information and guidance for pneumococcal conjugate (Pneu-C-13) immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the diseases and potential health complications of *Streptococcus pneumoniae* (pneumococcus) and invasive pneumococcal disease (IPD)
Indication	Nunavut's publicly funded program is routinely offered to all infants in Nunavut under the age of 2, with catch up to age 59 months if needed (see Dose Series).
Eligibility	Pneu-C-13 is publically funded for routine immunization of infants and unimmunized children from 2 – 59 months of age.
Product	Prevnar® 13
Vaccine Type	Inactivated vaccine – conjugate
Vaccine components	Pneumococcal polysaccharide serotypes: 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, 23F. All serotypes are conjugated to the Diphtheria CRM_{197} Protein. Amorphous aluminum hydroxyphosphate sulfate, L-histidine, polysorbate 80, sodium borate.
Formats available	Packages of 10 single-dose pre-filled syringes without needles.
Manufacturer	T.M. Wyeth, Pfizer Canada Inc.
Administration	Intramuscular (IM) in the anterolateral thigh (vastus lateralis) in infants and in the deltoid muscle for children ≥ 1 year of age with adequate muscle mass. The vaccine **should not** be administered into the buttocks. Gently shake the pre-filled syringe to obtain a homogeneous white suspension and ensure all air is expelled from the syringe prior to administration.
Dose Series	0.5 ml routinely given at 2, 4, 6, and 15 months of age
Booster Dose	Pneumovax 23 polysaccharide (Pneu-P-23) vaccine is routinely offered to children 2 to 3 years of age. The minimum time spacing between the final Prevnar 13 conjugate vaccine and the Pneu-P-23 is 8 weeks apart (see Pneumovax 23 protocol for more information on polysaccharide vaccine).
Vaccine interchangeability	Not Applicable
Contraindications	• Hypersensitivity to any component of the vaccine, including diphtheria toxoid. • The administration of Prevnar 13 should be postponed in subjects suffering from acute severe febrile illness.
Precautions and Additional Notes	
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light.

	DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Irritability, decreased appetite, increased or decreased sleep, pain, swelling and redness at the injection site, low-grade fever.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Pneu-C-13 Vaccine Fact Sheet
References	1. Prevnar 13 Product Monograph. T.M. Wyeth Pfizer Canada Inc. July 13, 2012. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Fact Sheet

Pneumococcal Conjugate (Pneu-C) Vaccine

What is Invasive Pneumococcal Disease (IPD)?

IPD is caused by a bacteria called *Streptococcus pneumonia* and can cause infections of the lungs, brain, and blood. It spreads easily between people, and can lead to deafness, brain damage and even death. Elders, young children, and those with immune disorders are at high risk of getting IPD.

Who should receive the vaccine?

In Nunavut it is recommended for routine immunization of all infants from 2 – 59 months of age.

What are benefits of the vaccine?

It prevents babies and young children from getting sick from many different types of pneumococcal infection.

It protects the community and those most at risk of complications from infection.

Is the Pneumococcal Conjugate (Pneu-C) vaccine safe?

Yes. The most common side effect is soreness, redness and swelling at the needle site. Occasionally there can be fever, irritability or loss of appetite. This is a normal reaction to this vaccine and indicates that your body is making antibodies to these diseases. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the Pneu-C vaccine?

Tell your health care provider if you have had any of the following:

- Severe allergic reaction to a previous dose of a vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine.

What is the risk of not getting the Pneu-C vaccine?

Invasive Pneumococcal disease is a major cause of illness and death worldwide. Without the recommended Pneu-C vaccine you are at a higher risk of getting the disease related infections of the lungs, brain, and blood.

Pneumococcal Conjugate Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Feuille de renseignements

Vaccin conjugué contre le pneumocoque (Pneu-C)

Qu'est-ce que les pneumococcies invasives (PI) ?

Les PI sont provoquées par une bactérie appelée *Streptococcus pneumonia* et peuvent causer des infections des poumons, du cerveau et du sang. Elles se propagent facilement entre les personnes et peuvent provoquer la surdité, des dommages au cerveau et même la mort. Les aînés, les enfants en bas âge et les personnes présentant un déficit immunitaire sont beaucoup plus à risque de contracter une PI.

Qui devrait recevoir le vaccin ?

Au Nunavut, l'immunisation systématique est recommandée pour tous les jeunes enfants entre 2 et 59 mois.

Quels sont les avantages du vaccin ?

Il empêche les nourrissons et les enfants en bas âge de contracter les différents types d'infection au pneumocoque.

Il protège la communauté et ceux le plus à risque de développer des complications reliées à une infection au pneumocoque.

Est-ce que le vaccin conjugué contre le pneumocoque (Pneu-C) est sécuritaire ?

Oui. Les effets secondaires les plus communs sont une douleur, une rougeur, ou un gonflement près du point d'injection. À l'occasion, le vaccin peut causer de la fièvre, une irritabilité ou une perte d'appétit. Il s'agit d'une réaction normale à ce vaccin et indique que votre corps fabrique des anticorps contre ces maladies. Plusieurs personnes ne subissent aucun effet secondaire dû au vaccin.

Peu importe le vaccin, il y a toujours une très faible chance que se produise une réaction allergique grave appelée *anaphylaxie*. Les symptômes d'un choc anaphylactique sont l'urticaire, les éruptions, le gonflement/l'enflure de la bouche, de la difficulté à respirer. Ce type de réaction se produit habituellement dans un délai de 15 minutes à la suite de l'administration d'un vaccin. **Il est recommandé de demeurer à la clinique pendant 15 minutes à la suite de l'administration du vaccin**. L'anaphylaxie peut être traitée et tout professionnel de la santé est formé pour traiter ce genre de réaction.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin Pneu-C ?

Mentionnez-le au professionnel de la santé si l'une des situations suivantes vous concerne :

- Vous avez déjà eu une réaction allergique grave suite à une dose précédente de ce vaccin. Les réactions graves incluent une respiration sifflante, des serrements de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient contenu dans le vaccin.

Quel est le risque lié au fait de ne pas recevoir le vaccin Pneu-C ?

La pneumococcie invasive est une cause importante de maladie et de mort à travers le monde. Sans vaccin Pneu-C recommandé, vous êtes plus à risque de développer des infections des poumons, du cerveau et du sang en raison d'une PI.

Soins à apporter après l'administration du vaccin conjugué contre le pneumocoque

- Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Administrez à votre enfant la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort.
- Si vous ressentez quelque effet secondaire important que ce soit tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions, veuillez vous rendre à l'urgence de l'hôpital ou dans un centre de santé immédiatement.
- Si vous avez d'autres questions ou êtes inquiet par une réaction due au vaccin, consultez un professionnel de la santé.

ᓇᓗᓇᐃᖅᑎᖅᓯᒪᔪᑦ

Pneumococcal Conjugate (Pneu-C) ᐳᕈᒡᓗᖕᓂᐅᕈᒃᑐᓄᑦ ᐋᓐᓂᐊᓕᓐᑯᑎ

ᑭᓱᕙ ᐳᕈᒡᓗᖕᓇ Invasive Pneumococcal Disease (IPD)?

IPD ᐱᕝᕙᑕᐅᓰᖑᕗᖅ ᖁᐱᕿᐊᕝᕙᐃᑦ ᒪᒥᓴᒐᒃᓴᒥᑦ ᑕᐃᔭᐅᕙᖅ (*Streptococcus pneumonia*) ᐊᒻᒪ ᐊᒻᒪᑎᕐᓂᐅᕈᒃᓱᓂᑦ ᐳᕈᖑᑦ, ᖃᓇᓴᑦ, ᐊᒻᒪ ᐊᐅᖑᑦ. ᐊᐃᑦᑑᑕᐅᓴᕋᐃᑉᐳᖅ ᐃᓄᖕᓄᑦ, ᐊᒻᒪ ᑑᓵᕙᓐᓃᕐᓇᖅᓱᓂᑦ, ᖃᓇᓴᑦ ᓯᕋᒡᓇᖅᓱᓂᑦ ᐊᒻᒪ ᐃᓅᕙᓐᓃᕐᓇᖅᓱᓂᑦ. ᐃᓐᓇᐃᑦ, ᓯᑭᓰᑦ, ᐊᒻᒪ ᐊᓐᓇᐅᒪᕝᕙᑎᖕᒐᒍᑦ ᓴᖖᐅᑦᑐᑦ ᖁᑦᑎᒃᑐᒥᑦ ᐊᑦᑕᕐᓇᖅᑐᒻᐸᑦ IPDᑖᕆᐊ.

ᑭᓇ ᐋᓐᓂᐊᓕᓐᑯᑎᒍᑦ ᑲᐱᔭᐅᓪᓗᐊᖅᐸ?

ᓄᓇᕗᒻᒥᑦ ᐊᑐᕐᑯᔭᐅᕙᖅ ᖃᑯᖖᒍᕌᖓᑦ ᑲᐱᔭᐅᖃᑦᑕᕐᓂᕐᒍᑦ ᕿᑐᙵᒋᓛᕐᓄᑦ 2ᒥᑦ – 59ᒍᑦ ᑕᖅᑭᓕᖕᓄᑦ.

ᑭᓱᕈᑦ ᐊᑑᑎᖕᒋᑦ ᐋᓐᓂᐊᓕᓐᑯᑎᐅᑉ?

ᕿᑐᙵᓛᓄᑦ ᐊᒻᒪ ᓯᑭᓯᓄᑦ ᐋᓐᓂᐊᓕᖅᑎᑦᑎᓕᖅᐸᙱᑦᑐᖅ ᐊᒥᓱᓂᑦ ᐊᔾᔨᒌᖕᒋᑦᑐᓂᒃ ᐳᕈᒡᓗᖕᓂᐅᕈᒃᑐᑦ ᐊᒻᒪᑎᕐᓂᖅᓂᑦ.

ᓴᐳᒻᒥᔾᔨᐅᕗᖅ ᓄᓇᓕᖕᓄᑦ ᐊᒻᒪ ᑕᐃᒃᑯᐊ ᐊᑦᑕᕐᓇᖅᑐᒦᓚᖕᒋᑦ ᐊᔪᕐᓇᕐᓂᖕᒋᓐᓄᑦ ᐋᓐᓂᐊᓕᕈᑎᑦ.

Pneumococcal Conjugate (Pneu-C) ᐋᓐᓂᐊᓕᓐᑯᑎᐅᔪᖅ ᐊᑦᑕᕐᓇᙱᓚ?

ᐃ. ᖃᓄᐃᓐᓂᕆᔭᐅᒐᔭᒃᑐᑦ ᐃᒃᐱᖕᓂᓂᐅᕗᖅ, ᐊᐅᐸᖅᓯᓂᖅ ᐊᒻᒪ ᐳᕕᓕᕐᓂᖅ ᑲᐱᔭᐅᕚᖕᒐᒍᑦ. ᖃᑎᒃᑯ ᐆᓇᖅᓯᕙᖅᑲᖅᑕᖅᐳᖅ, ᐃᓗᕐᕆᙱᓐᓂᖅ ᐅᕝᕙᓘᓐᓃᑦ ᓂᕆᙳᓯᙱᓐᓂᖅ. ᑖᓐᓇ ᐊᑐᖅᑕᐅᒐᔾᔭᐳᖅ ᐋᓐᓂᐊᓕᓐᑯᑎᒍᑦ ᐊᒻᒪ ᓇᓗᓇᐃᖅᓱᓂᓗ ᑎᒥᑦ ᓴᓇᓂᖓᓄᑦ ᑎᒥᐅᑉ ᓴᐳᓐᓂᐊᖅᑎᖕᒋᓐᓂᒃ ᑕᒪᒃᑯᓄᖓ ᖃᓂᒪᓇᕐᓄᑦ. ᐊᒥᓱᑦ ᐃᓄᐃ ᖃᓄᐃᓐᓂᕆᔭᐅᒐᔭᒃᑐᓂᑦ ᐊᑐᖅᐸᙱᑦᑐᑦ ᐋᓐᓂᐊᓕᓐᑯᑎᐅᔪᒥᒃ ᑳᐳᖅᑕᐅᓚᐅᖅᑎᓪᓗᒋᑦ.

ᐋᓐᓂᐊᓕᓐᑯᑎᓕᒫᓂᒃ, ᐊᑦᑎᒃᑐᒻᒪᕆᖕᒥᑦ ᐊᑐᑐᐃᓐᓇᕆᐊᓕᒃ ᑎᒥᐅᑉ ᐱᐅᖏᙶᒪᕆᒃᑕᖕᒐᓂᑦ ᑕᐃᔭᐅᕙᖅ *ᑎᒻᒥᐅᑉ* ᓈᒻᒪᙱᑕᖕᒐᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᓂᖅ. ᑎᒻᒥᐅᑉ ᓈᒻᒪᙱᑕᖕᒐᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᓂᖅ ᓴᖅᑮᔭᓰᖑᕗᖅ ᐅᕙᓂᒡᓗᖕᓂᑐᑦ, ᐊᒥᕐᓗᖕᓂᖅ, ᐳᕙᓐᓂᖅ ᖃᓂᕐᒥᑦ, ᐊᒻᒪ/ᐅᕝᕙᓘᓐᓃᑦ ᐊᓂᖅᑎᓇᒡᒐᕐᓂᖅ. ᑕᒪᓐᓇ ᐊᑐᖅᑕᐅᓰᖅ 15 ᒥᓇᑦ ᐃᓗᐊᓂᑦ ᐋᓐᓂᐊᓕᓐᑯᑎᒥᑦ ᑳᐳᖅᑕᐅᓚᐅᖅᑎᓪᓗᒍᑦ. ᑕᐃᒪᐃᒻᒪᑦ, **ᐋᓐᓂᐊᕐᕕᖕᒥᒃᑲᓐᓂᓚᐅᒃᖁᔭᐅᕗᑎᑦ 15 ᒥᓇᑦ ᐋᓐᓂᐊᓕᓐᑯᑎᒍᑦ ᑳᐳᖅᑕᐅᓚᐅᖅᑎᓪᓗᑎᑦ**. ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᓕᒻᒪᒃᓴᖅᓯᒪᔪᖅ ᑲᒪᒋᔭᕐᑲᕐᓂᕐᒍᑦ ᑎᒻᒥᐅᑉ ᓈᒻᒪᙱᑕᖕᒐᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᓂᖅᒧᑦ.

ᑭᓇ ᐅᖃᖅᑎᖃᓪᓗᐊᖅᐸ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᒐᓄᑦ Pneu-C ᐋᓐᓂᐊᓕᓐᑯᑎᒍᑦ ᑲᐱᔭᐅᓚᐅᙱᓐᓇᖕᒐᓂᑦ?

ᐅᖃᐅᑎᓗᒍᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓇᓕᐊᖕᓂᑐᐃᓐᓇᖅ ᒪᑯᓂᖕᒐ ᐊᑐᕐᓂᑰᒍᕕᑦ:

- ᖃᓄᑐᐃᓐᓇᖅ ᑎᒫᑦ ᓈᒻᒪᒃᓴᙱᓐᓂᕈᓂᒃ ᐋᓐᓂᐊᓕᓐᑯᑎᒥᒃ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᑎᑦ. ᑎᒫᑦ ᓈᒻᒪᒃᓴᙱᓐᓂᕈᓂᒃ ᐃᓚᐅᓪᓗᓂᑦ ᐊᓂᖅᑎᓇᓂᖓ ᓄᕈᖅᑲᖅᐸᓕᑦᑎᓪᓗᓂᑦ, ᖃᑎᒐᒃᑯᑦ ᓯᑲᖓᓂᖅ, ᐃᒡᒋᐊᕐᒥᐅᑕᖅᑲᖅᑯᔅᓂᖅ ᐊᒻᒪ ᐊᓂᖅᑎᒋᒡᒐᕐᓂᖅ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓱᒡᒐᕐᓂᖅ.
  - ᑎᒫᑦ ᓈᒻᒪᒋᔭᖅᑲᙱᒃᑯᓂᑦ ᓇᓕᐊᖕᓂᑐᐃᓐᓇᖅ ᐃᓚᒃᓴᓇᔭᐅᕙᒥᒃ ᐋᓐᓂᐊᓕᓐᑯᑎᐅᕙᒥᑦ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᖅᑑᒥᓐᓇᖅᐸ Pneu-C ᐋᓐᓂᐊᓕᓐᑯᑎᒥᒃ ᑲᐱᔭᐅᙱᓪᓗᓂᑦ?

ᐳᕈᒡᓗᖕᓂᐅᕈᒃᑐᖅ ᐱᕝᕙᑕᐅᓪᓗᓇᒃᐳᖅ ᐋᓐᓂᐊᕐᓂᕐᒧᑦ ᐊᒻᒪ ᐃᓅᕙᓐᓃᕐᓂᕐᒧᑦ ᓄᓇᕐᕙᓕᒫᒥᒃ. ᐊᑐᕐᑯᔭᐅᕙᖅ ᐊᑐᙱᓪᓗᒍᑦ Pneu-C ᐋᓐᓂᐊᓕᓐᑯᑎ ᖁᑦᑎᖕᓂᖅᓴᒥᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᑉᐳᑎᑦ ᖃᓂᒪᓇᖅᑖᕆᐊ ᐊᒃᑑᑎᕙᓂᑦ ᐊᒻᒪᑎᕐᓂᖅ ᐳᕈᒃᑯᑦ, ᖃᓇᓴᒃᑯᑦ, ᐊᒻᒪ ᐊᐅᒃᑯᑦ.

Pneumococcal Conjugate ᐋᓐᓂᐊᓕᓐᑯᑎᓕᕆᔭᐅᕌᓂᖕᓂᖅ
• ᐊᐅᓚᑦᑐᒪᓗᒍᑦ ᐆᓇᕐᓂᖅ ᐊᒻᒪ ᐋᓐᓂᐊᓗᐊᙱᕝᕖᒥᕙᓗᓂᑦ, ᓂᐊᖁᖅᓯᐅᒻᒥᑦ ᐃᓯᕙᓐᓇᖅᑐᑎᑦ (Tylenol, Tempra) ᐅᕝᕙᓘᓐᓃᑦ ᓂᐊᖁᖅᓯᐅᑦ (Advil, Motrin). ᓯᕿᓯᕐᓄᑦ, ᐃᓯᑎᑉᐸᒡᓗᒍᑦ ᐊᑐᖁᔭᐅᕙᒥᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᒐᓂᑦ ᐃᔭᒐᒃᑯᕕᖕᒐᓂᑦ.
• Aspirin (ASA) **ᑐᓂᔭᐅᔮᕆᐊᖃᙱᑦᑐᑦ** ᑭᓇᑐᐃᓐᓇᕐᒧᑦ 20 ᑐᖖᓂᑦ ᐊᕐᕌᒍᓕᖕᓄᑦ ᐊᑦᑕᕐᓇᕐᓂᖕᒐᓄᑦ (Reye Syndrome), ᖃᓇᓴᑦ ᓱᕋᐃᕝᕙᓇᖅᑐᖅ ᐊᒻᒪ ᐃᓅᕙᓐᓃᖅᑎᑦᑎᕙᓇᖅᑐᖅ.
• ᐊᑐᕈᕕᒃ ᖃᓄᑐᐃᓐᓇᖅ ᐊᖏᕙᒥᒃ ᖃᓄᐃᓐᓂᕆᔭᐅᒐᔭᒃᑐᓂᑦ ᓰᕐᓗ ᐳᕕᓕᕐᓂᖅ ᖃᓂᒃᑯᑦ/ᐅᖅᑲᒃᑯᑦ, ᐊᒥᕐᓗᓕᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᐅᖅᓯᓕᕈᕕᑦ ᐊᒌ ᑐᐊᕕᕐᓇᖅᑐᓕᐊᕆᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᕝᕕᖕᒧᑦ ᐃᖕᖏᓐᓇᖅ.
• ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᓱᒫᓗᑎᖃᕈᕕᑦ ᖃᓄᐃᕝᕙᑕᐅᕙᓄᑦ ᐋᓐᓂᐊᓕᓐᑯᑎᒍᑦ, ᐅᖃᖅᑎᖃᕆᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᓄᑦ.

Ilitturidjutikhaq

Pneumococcal Conjugate (Pneu-C) Kappuut

Hunali Namuuniyaqtailinirmut Kapuqhirut (IPD)?

IPD aanniarutiqarnaqtuq qupilrumit taiyauvaktaat *Streptococcus pneumonia* imaalu aanniarutiniktitpait puvangnut, qaritarmut aungmullu. Hiamittaaqhuni kimuliqaak inungnut, hiudjarlutitittaaqtuq, ihumaiqtitilunilu tuqupkailuniluuniit, Inirnikhaat, nutaqqanut, taapkunungalu aannialaqittaaqtunut hiamittaaqtuq namuuniyaqtitailuni.

Kitkut kapuqtauyukhauvat?

Nunavunmi pitquivaliqtut ukiuqtamaat kapuqhiquiyut tamainik mirraanik tatqiqhiutilgit 2 – 59-tatqiqhiutiqaqtunut.

Qanuq ikayuutauva kappuut?

Aanniaqtailupkaqhugit mirraat nutaqqallu aallatqiinit namuuniyamit.

Taamna Namuuniyaqtailinirmut (Pneu-C) kapuqhirut qayangnaitpa?

Hii. Imaa mihingnaqhivaktuq aanniarniq, aupadjakhuni, puvittuni kapurvia. Kidjapakhutiglu ilaani, niqailiqiyungnaiqhutik. Taimaa ittuq kapuhiraangat uuminnga imaa ilihimalutit taimailiguvit timikpit aanniarut anipkarutikhaliuliqtaa. Amigaittut inuit aannialaqiyuittut.

Uvunga kapuqhirunmut, havautinut aanniarutiqaqtittarniatait timip nakuuginngitaa taiyauvaktut *anaphylaxis*-nik. Taamna takunaqtuq aupadjakhun kukulaqibluni, umilruk puvipkarlutik, aniqhagiami ayurnaqhilunilu. Imailivaktut 15 minitmi kapuqtaugaangat. Timip Nakuuginngitanga huirnaqtuq ihuaqhittautaaqtuq munaqhini ayuiqhaqhimayut ikayuriamingik taimailiyunik.

Kina uqaqtukhauva munaqhinut kapuqtautinnatik Pneu-C kapuqtaunmut?

Unniutidjavahi munaqhit ukuninnga mihigiguvit:

- Akhut ihuiruvit kappuutinut. Ayuqharuvit aniqhaagaangavit hatqrnit tuhaanaqhivakpa. Hatqat hukatpat, mikhitiqaluuniit , aniqhaargiami ayurnahikpat iihiyaarniluuniit.
- Timimut aanniarutit ilaugiyaani kappuutit

Qanuriniaqqat kapuqtaunngitpat Pneu-C-mik?

IPD aanniarut angitqiyauyuq aanniarnaqtuq tuqudjutauvakhunilu tamaini hilaryuami. Pitkumi atuquyauhimayuq Pneu-C kappuut aanialaqittaanaiqtutit aadjikuutanik puvangni, qaritarni, aungniluuniit

Pneumococcal Conjugate kapuqtauhuiqqat munaqhidjutikhat
• Qayagiyaarni kidjaumanikkut ulurianarnirmut, havautinik iihittaaqtutit ukuninga Acetaminophen (Tylenol, Tempra) ukuninngaluuniit havautit Ibuprofen (Advil, Motrin). Nutaqqanut, iihipkarlugu aktilaanganik munaqhit pitquyaanganik haviutit. • Aspirin-mik niaquqhiut (ASA) tuniyauyukhaunngittuqkimut ukiuqanngittuq 20–nik qayangnarmat aanniarutiniktaarmat Reye Syndrome-mik, which can cause permanent brain damage and death. • Nakuuluarungairuvit kapuqtauhuiruvit qanit/umilrukkit puvitpanik, uviningnilu nauyuqaqqat qiqilaqivakkuvit qilamik munaqinungaulutit. • Apiqhuutihaqaruvit, ihumaaluuliruvit nakuu;luarungnairuvit kappuunmit, uqaqatigilugit munaqhit.

Immunization Protocol for Pneumovax® 23

Pneumococcal Polysaccharide 23-valent (Pneu-P-23)

Purpose	To provide information and guidance for pneumococcal polysaccharide (Pneu-P-23) immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect all Nunavummiut from the diseases and potential health complications of *Streptococcus pneumoniae* (pneumococcus) and invasive pneumococcal disease (IPD)
Indication	Nunavut's publicly funded program is offered to all children between 2 to 3 years of age, as well as Nunavummiut at increased risk of IPD as listed in the eligibility section below.
Eligibility	This publically funded vaccine is offered to: • All children ≥ 2 years of age in Nunavut who have not previously received the Pneu-P-23 vaccine and who have completed the Pneumococcal Conjugate 13 series at least 8 weeks prior. • All adults 50 years of age and older. • Older children and adults at increased risk who have not previously received the Pneu-P-23 vaccine**:** ▪ Chronic cerebral spinal fluid (CSF) leak ▪ Chronic neurologic condition that may impair clearance of oral secretions ▪ Cochlear implants (including those children who are to receive implants) ▪ Chronic cardiac or pulmonary disease ▪ Diabetes mellitus ▪ Asplenia (functional or anatomic) ▪ Sickle cell disease or other hemoglobinopathies ▪ Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions ▪ Hematopoietic stem cell transplant (recipient) ▪ HIV infection ▪ Immunosuppressive therapy including use of long term corticosteroids, chemotherapy, radiation therapy, post-organ transplant therapy, and certain anti-rheumatic drugs ▪ Chronic kidney disease, including nephrotic syndrome ▪ Chronic liver disease (including hepatic cirrhosis due to any cause) ▪ Malignant neoplasms including leukemia and lymphoma ▪ Solid organ or islet transplant (candidate or recipient)
Product	Pneumovax® 23
Vaccine Type	Inactivated vaccine – polysaccharide
Vaccine components	25 mg of capsular polysaccharide from each of 23 types of pneumococci: 1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V,10A, 11A, 12F, 14, 15B, 17F, 18C, 19A, 19F, 20, 22F, 23F, 33F Sodium chloride, Phenol, and Water for injection
Formats available	Single dose (0.5mL vial) of a clear colourless liquid.

Manufacturer	Merck Canada Inc.
Administration	Intramuscular (IM) to the deltoid muscle. The vaccine **should not** be administered into the buttocks.
Dose Series	One single dose of 0.5 mL
Booster Dose	Routine booster vaccinations are not recommended in children younger than 11 years old. Re-immunization of healthy adults less than 2 years after the initial dose is associated with increased local injection site and systemic reactions. However, re-immunization is recommended for those of any age at highest risk of IPD (see Eligibility section). If re-immunization is carried out, a single re-immunization after 5 years is recommended in persons who were 11 years of age or over at the time of initial immunization with Pneu-P-23 vaccine. A single re-immunization after 3 years is recommended for those who were 10 years of age or younger at the time of initial immunization with Pneu-P-23 vaccine.
Vaccine interchangeability	Not Applicable
Contraindications	• Previous anaphylactic reaction to Pneu-P-23. • Known hypersensitivity to any component of the vaccine (see Vaccine Composition and Clinically Relevant Ingredients below).
Precautions and Additional Notes	
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Soreness, redness, and swelling at injection site. Occasionally low-grade fever may occur. Rarely there may be injection site cellulitis or peripheral edema.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed.

	All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Pneu-P-23 Vaccine Fact Sheet
References	1. Pneumovax® 23 Product Monograph. Merck Canada Inc. January 20, 2012. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

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Pneumococcal Polysaccharide (Pneu-P) ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᓇᓗᓇᐃᖅᑎᖅᓯᒪᔪᑦ

ᑭᓲᕙ Invasive Pneumococcal Disease (IPD)?

IPD ᐱᔾᔪᑕᐅᓲᖑᕗᖅ ᖁᐱᕐᕈᐊᕐᔪᐃᑦ ᒪᒥᓴᒡᒃᓴᒥᑦ ᑕᐃᔅᐅᔪᖅ (*Streptococcus pneumonia)* ᐊᒻᒪ ᐊᒻᒪᑎᕐᓂᖅᑖᕐᓇᖅᓱᓂᑦ ᐳᕙᒃᑯᑦ, ᖃᓄᓴᒃᑯᑦ, ᐊᒻᒪ ᐊᐅᒃᑯᑦ. ᐊᔾᓇᙱᑦᑐᒃᑯᑦ ᐊᐃᑦᑑᑕᐅᖄᑦᑕᖅᐳᖅ ᐃᓄᙵᓄᑦ, ᐊᒻᒪ ᑐᓵᔪᓐᓃᕐᓇᖅᓱᓂᑦ, ᖃᓄᓴᒧᑦ ᓱᕋᒡᓇᖅᓱᓂᑦ ᐊᒻᒪ ᐃᓅᔪᓐᓃᕐᓇᖅᓱᓂᑦ. ᐃᓐᓇᐃᑦ, ᓱᕈᓰᑦ, ᐊᒻᒪ ᐊᓐᓇᐅᒪᔾᔪᑎᙳᒍᑦ ᓴᙲᑦᑐᑦ ᖃᑦᑎᒃᑐᒥᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᑉᐳᑦ IPDᑖᕆᐊ.

ᑭᓇ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᑲᐱᔾᐅᓪᓗᐊᖅᐸ?

Pneu-P ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎ ᒫᓇᐅᔪᖅ ᓱᕈᓯᓄᐊᖅᑕᐅᓲᖑᕗᖅ 2-3 ᐊᑯᓐᓂᖓᓂᑦ ᐊᕿᒍᓕᕐᓄᑦ, ᐊᒻᒪ ᐊᑐᖁᔾᐅᒋᓪᓗᓂᑦ ᐃᓐᓇᕐᓄᓕᒫᑦ 50ᓂᑦ ᐊᕿᒍᓕᕐᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᖓᑖᓄᑦ ᓄᓇᕗᒻᒥᑦ. ᐊᒻᒪᐃᓛᒃ, Pneu-P ᐱᑐᐃᓐᓇᐅᕆᕗᖅ ᓄᑦᖃᓄᑦ ᐊᒻᒪ ᐃᓐᓇᕐᓄᑦ ᓄᓇᕗᒻᒥᑦ ᒪᒥᔭᐃᑦᑐᓐᓄᑦ (ᐊᐱᕆᓗᒍ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᔾᔪᓐᓴᕐᒫᖅᐱᑦ).

ᑭᓲᕙᑦ ᐊᑑᑎᖏᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᐅᑉ?

ᕿᑐᙵᖠᓄᑦ ᐊᒻᒪ ᓱᕈᓯᓄᑦ ᐋᓐᓂᐊᓕᖅᑎᑦᑎᓕᖅᐸᙱᑦᑐᖅ ᐊᒥᓯᓂᑦ ᐊᔾᔨᙱᑦᑐᓂᒃ pneumococcal ᐊᒻᒪᑎᕐᓂᖅᓂᑦ.

ᓴᐳᒻᒥᔨᐅᕗᖅ ᓄᓇᓕᓐᓄᑦ ᐊᒻᒪ ᑕᐃᒃᑯᐊ ᐊᑦᑕᕐᓇᖅᑐᒦᓖᙱᑦ ᐊᔾᔭᕐᓂᙱᓐᓄᑦ ᐋᓐᓂᐊᓕᕈᑏᑦ

Pneumococcal Polysaccharide (Pneu-P) ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᐅᔪᖅ ᐊᑦᑕᕐᓇᙱᓚ?

ᐋ. ᖃᓄᐃᓐᓂᕆᓴᐅᓚᐅᔾᒃᑐᑦ ᐃᒃᐱᖕᓂᓂᐅᕗᖅ, ᐊᐅᐸᖅᓯᓂᖅ ᐊᒻᒪ ᐳᕕᓕᕐᓂᖅ ᑲᐱᔭᐅᕝᕕᖕᒐᒍᑦ. ᖃᑯᑎᒃᑯ ᐆᓇᖅᓯᔪᖃᖃᑦᑕᖅᐳᖅ. ᑳᓐᓇ ᐊᑐᖅᑕᐅᕙᔪᒃᐳᖅ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᐊᒻᒪ ᓇᓗᓇᐃᖅᓱᓂᓗ ᑎᒦᑦ ᓴᓇᓂᖓᓄᑦ ᑎᒥᐅᑉ ᓴᐳᓐᓂᐊᖅᑎᕐᖏᓐᓂᒃ ᑕᒪᒃᑯᓄᖓ ᖃᓂᒪᓇᕐᓄᑦ. ᐊᒥᓱᑦ ᐃᓄᐃ ᖃᓄᐃᓐᓂᕆᓴᐅᓚᐅᔾᒃᑐᓂᑦ ᐊᑐᖅᐸᙱᑦᑐᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᐅᔪᒥᒃ ᑲᔾᖅᑕᐅᓚᐅᖅᑎᓪᓗᒋᑦ.

ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᓕᒫᓂᒃ, ᐊᑦᑎᒃᑐᒻᒪᓇᖕᒥᑦ ᐊᑐᑐᐃᓐᓇᓇᐊᓕᒃ ᑎᒥᐅᑉ ᐱᐅᕆᙳᕆᒻᒪᓇᒃᑕᖕᒑᓂᑦ ᑕᐃᔅᐅᔪᖅ ᑎᒻᒥᐅᑉ ᓈᒻᒪᕆᙱᕆᑕᖕᒑᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᓂᖅ. ᑎᒻᒥᐅᑉ ᓈᒻᒪᕆᙱᕆᑕᖕᒑᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᓂᖅ ᓴᖅᑮᔭᓲᖑᕗᖅ ᐅᕙᓂᒃᓗᙵᓂᑐᑦ, ᐊᒥᕐᓗᙵᖅ, ᐳᕙᓐᓂᖅ ᖃᓂᕐᒥᑦ, ᐊᒻᒪ/ᐅᕝᕙᓘᓐᓃᑦ ᐊᓂᖅᑎᓇᒡᒐᕐᓂᖅ. ᑕᒪᓐᓇ ᐊᑐᖅᑕᐅᓲᖅ 15 ᒥᓇᑦ ᐃᓗᐊᓂᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒥᑦ ᑳᐳᖅᑕᐅᓚᐅᖅᑎᓪᓗᒍᑦ. ᑕᐃᒪᐃᒻᒪᑦ, **ᐋᓐᓂᐊᕐᕕᖕᒥᒃᑲᓂᓚᐅᒃᖁᔭᐅᕗᑎᑦ 15 ᒥᓇᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᑳᐳᖅᑕᐅᓚᐅᖅᑎᓪᓗᑎᑦ**. ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᓕᒻᒪᒃᓴᖅᓯᒪᔪᖅ ᑲᒪᒋᔭᖃᕐᓂᕐᒧᑦ ᑎᒻᒥᐅᑉ ᓈᒻᒪᕆᙱᕆᑕᖕᒑᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᓂᖅᒧᑦ.

ᑭᓇ ᐅᖃᖅᑎᖃᕐᓗᐊᖅᐸ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᒑᓄᑦ Pneu-P ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᑲᐱᔾᐅᓚᐅᙱᓐᓂᖕᒑᓂᑦ?

ᐅᖃᐅᑎᓗᒍᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓇᓕᐊᖕᓂᑐᐃᓐᓇᖅ ᒪᑯᓂᖓ ᐊᑐᕐᓂᑰᒍᕕᑦ:

- ᖃᓄᑐᐃᓐᓇᖅ ᑎᒦᑦ ᓈᒻᒪᒃᓴᙱᓐᓂᕈᓂᒃ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒥᒃ ᑲᐱᔾᐅᓚᐅᖅᑎᓪᓗᑎᑦ. ᑎᒦᑦ ᓈᒻᒪᒃᓴᙱᓐᓂᕈᓂᒃ ᐃᓚᐅᓪᓗᓂᑦ ᐊᓂᖅᑎᕆᓂᖓ ᓄᕙᖅᑲᓕᑦᑎᓪᓗᓂᑦ, ᖃᑎᒐᒃᑯᑦ ᓱᒃᖓᓂᖅ, ᐃᒡᕆᐊᕐᒥᐅᑕᖅᑯᕐᒥᒃᓂᖅ ᐊᒻᒪ ᐊᓂᖅᑎᕆᒡᒐᕐᓂᖅ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓯᒡᒐᕐᓂᖅ.
- ᑎᒦᑦ ᓈᒻᒪᒋᔭᖅᑲᙱᒃᑯᓂᑦ ᓇᓕᐊᖕᓂᑐᐃᓐᓇᖅ ᐃᓚᒃᓴᕆᔭᐅᔪᒥᒃ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᐅᔪᒥᑦ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓇᖅᐸ Pneu-P ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒥᒃ ᑲᐱᔾᐅᙱᒃᑯᓂᑦ?

Invasive Pneumococcal disease ᐱᔾᔪᑕᐅᓪᓗᓂᒃᐳᖅ ᐋᓐᓂᐊᕐᓂᕐᒧᑦ ᐊᒻᒪ ᐃᓅᔪᓐᓃᕐᓂᕐᒧᑦ ᓄᓇᕐᔪᓕᒫᒥᒃ. ᐊᑐᖁᔭᐅᔪᖅ ᐊᑐᙱᓪᓗᒍᑦ Pneu-P ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎ ᖁᑦᑎᖕᓂᖅᓴᒥᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᑉᐳᑎᑦ ᖃᓂᒪᓇᖅᑖᕆᐊ ᐊᒃᑑᑎᔪᓂᑦ ᐊᒻᒪᑎᕐᓂᖅ ᐳᕙᒃᑯᑦ, ᖃᓄᓴᒃᑯᑦ, ᐊᒻᒪ ᐊᐅᒃᑯᑦ.

Pneumococcal Polysaccharide ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᓕᕆᔨᐅᖑᓂᖕᓂᖅ
• ᐊᐅᓚᑦᑐᒪᓗᒍᑦ ᐆᓇᕐᓂᖅ ᐊᒻᒪ ᐋᓐᓂᐊᓗᐊᙱᔾᔩᒥᔪᒪᓗᓂᑦ, ᓂᐊᖁᖅᓯᐅᒻᒥᑦ ᐃᓱᔪᓐᓇᖅᑐᑎᑦ (Tylenol, Tempra) ᐅᕝᕙᓘᓐᓃᑦ ᓂᐊᖁᖅᓯᐅᑦ (Advil, Motrin). ᓱᕈᓯᕐᓄᑦ, ᐃᓱᑎᑉᐸᒡᓗᒍᑦ ᐊᑐᖁᔭᐅᔪᒥᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᒑᓂᑦ ᐃᓴᒐᒃᑯᕕᖕᒑᓂᑦ.
• ᑕᓖᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᑲᐱᔾᐅᔩᖅᑐᖅ ᐊᐅᐸᖅᓯᔪᓐᓇᖅᑐᖅ, ᑎᓱᒃᑎᓪᓗᓂᑦ ᐊᒻᒪ ᐳᕕᓕᕐᓗᓂᑦ. ᐊᑐᕐᓗᒍᑦ ᓂᓚᖕᒥᑦ ᐋᓐᓂᐊᕈᓐᓃᖅᑎᑦᑎᔩᒥᔪᓐᓇᖅᑐᖅ ᐊᒻᒪ ᐳᕕᒍᓐᓃᖅᑎᑦᑎᔾᔩᒥᔪᓐᓇᖅᑐᖅ. ᐊᐅᐸᖅᑐᖅ ᖄᖕᒋᐅᑎᒍᓂᑦ ᑐᐃᖕᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᑯᓯᖕᓂᑦ, ᖃᐅᔮᒃᑲᕐᓗᒍᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ.
• Aspirin (ASA) **ᑐᓂᔭᐅᔭᕆᐊᖃᙱᑦᑐᑦ** ᑭᓇᑐᐃᓐᓇᕐᒧᑦ 20 ᑐᖕᓕᓂᑦ ᐊᕿᒍᓕᕐᓄᑦ ᐊᑦᑕᕐᓇᕐᓂᖓᓄᑦ (Reye Syndrome), ᖃᓄᓴᒧᑦ ᓱᕋᐃᔾᔪᓐᓇᖅᑐᖅ ᐊᒻᒪ ᐃᓅᔪᓐᓃᖅᑎᑦᑎᔪᓐᓇᖅᑐᖅ.
• ᐊᑐᕈᕕᒃ ᖃᓄᑐᐃᓐᓇᖅ ᐊᖏᔪᒥᒃ ᖃᓄᐃᓐᓂᕆᓴᐅᓚᐅᔾᒃᑐᓂᑦ ᓰᕐᓗ ᐳᕕᓕᕐᓂᖅ ᖃᓂᒃᑯᑦ/ᐅᖃᒃᑯᑦ, ᐊᒥᕐᓗᓕᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᐅᖅᓯᓕᕈᕕᑦ ᐊᒌ ᑐᐊᕕᕐᓇᖅᑐᓕᐊᓇᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᕕᖕᒧᑦ ᐃᖕᖏᓐᓇᖅ.
• ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᓱᒫᓘᑎᖃᕈᕕᑦ ᖃᓄᐃᔾᔪᑕᐅᔪᓄᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ, ᐅᖃᖃᑎᖃᓚᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᓄᑦ.

Feuille de renseignements

Feuille de renseignements sur le vaccin antipneumococcique polysaccharidique (Pneu P) ?

Qu'est-ce que les pneumococcies invasives (PI) ?

Les PI sont provoquées par une bactérie appelée *Streptococcus pneumonia* et peuvent causer des infections des poumons, du cerveau et du sang. Elles se propagent facilement entre les personnes et peuvent provoquer la surdité, des dommages au cerveau et même la mort. Les aînés, les enfants en bas âge et les personnes présentant un déficit immunitaire sont beaucoup plus à risque de contracter une PI.

Qui devrait recevoir le vaccin ?

Le vaccin Pneu-P est actuellement administré à tous les enfants de 2 et 3 ans, et est également recommandé pour tous les adultes de 50 ans ou plus du Nunavut. De plus, le Pneu-P est accessible pour les enfants plus âgés et tous les adultes du Nunavut atteint d'une maladie chronique (demandez à un professionnel de la santé si vous êtes éligible).

Quels sont les avantages du vaccin ?

Il empêche les nourrissons et les enfants en bas âge de contracter les différents types d'infection au pneumocoque.

Il protège la communauté et ceux le plus à risque de développer des complications reliées à une infection causée par ces maladies.

Est-ce que le vaccin antipneumococcique polysaccharidique (Pneu P) est sécuritaire ?

Oui. Les effets secondaires les plus communs sont une douleur, une rougeur, ou un gonflement près du point d'injection. À l'occasion, le vaccin peut causer une faible fièvre. Il s'agit d'une réaction normale à ce vaccin et indique que votre corps fabrique des anticorps contre ces maladies. Plusieurs personnes ne subissent aucun effet secondaire dû au vaccin. Peu importe le vaccin, il y a toujours une très faible chance que se produise une réaction allergique grave appelée *anaphylaxie.* Les symptômes d'un choc anaphylactique sont l'urticaire, les éruptions, le gonflement/l'enflure de la bouche, de la difficulté à respirer. Ce type de réaction se produit habituellement dans un délai de 15 minutes à la suite de l'administration d'un vaccin. **Il est recommandé de demeurer à la clinique pendant 15 minutes à la suite de l'administration du vaccin**. L'anaphylaxie peut être traitée et tout professionnel de la santé est formé pour traiter ce genre de réaction.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin Pneu-P ?

Mentionnez-le au professionnel de la santé si l'une des situations suivantes vous concerne :

- Vous avez déjà eu une réaction allergique grave suite à une dose précédente de ce vaccin. Les réactions graves incluent une respiration sifflante, des serrements de poitrine, une sensation d'étranglement dans la gorge et une difficulté à respirer ou à avaler.
- Une allergie à tout ingrédient contenu dans le vaccin.

Quel est le risque lié au fait de ne pas recevoir le vaccin Pneu-P ?

La pneumococcie invasive est une cause importante de maladie et de mort à travers le monde. Sans vaccin Pneu-P recommandé, vous êtes plus à risque de développer des infections des poumons, du cerveau et du sang en raison d'une PI.

Soins à apporter après l'administration du vaccin antipneumococcique polysaccharidique

- Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Administrez à votre enfant la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille.
- Le bras dans lequel le vaccin a été administré peut devenir rouge, dur et gonflé. L'utilisation d'un sac de glace peut diminuer la douleur et l'enflure. Si la rougeur s'étend jusqu'à l'épaule ou au-delà du coude, contactez un professionnel de la santé.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort.
- Si vous ressentez quelque effet secondaire important que ce soit tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions, veuillez vous rendre à l'urgence de l'hôpital ou dans un centre de santé immédiatement.
- Si vous avez d'autres questions ou êtes inquiet par une réaction due au vaccin, consultez un professionnel de la santé.

Fact Sheet

Pneumococcal Polysaccharide (Pneu-P) Vaccine Fact Sheet

What is Invasive Pneumococcal Disease (IPD)?

IPD is caused by a bacteria called *Streptococcus pneumonia* and can cause infections of the lungs, brain, and blood. It spreads easily between people, and can lead to deafness, brain damage and even death. Elders, young children, and those with immune disorders are at high risk of getting IPD.

Who should receive the vaccine?

Pneu-P vaccine is currently given to all children between 2-3 years of age, and is also recommended for all adults 50 years of age or older in Nunavut. Also, Pneu-P is available for use in older children and adults in Nunavut who have chronic conditions (ask your health care provider if you are eligible).

What are benefits of the vaccine?

It prevents babies and young children from getting sick from many different types of pneumococcal infection.

It protects the community and those most at risk of complications from infection

Is the Pneumococcal Polysaccharide (Pneu-P) vaccine safe?

Yes. The most common side effect is soreness, redness and swelling at the needle site. Occasionally there can be a mild fever. This is a normal reaction to this vaccine and indicates that your body is making antibodies to these diseases. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the Pneu-P vaccine?

Tell your health care provider if you have had any of the following:

- Severe allergic reaction to a previous dose of a vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine.

What is the risk of not getting the Pneu-P vaccine?

Invasive Pneumococcal disease is a major cause of illness and death worldwide. Without the recommended Pneu-P vaccine you are at a higher risk of getting the disease related infections of the lungs, brain, and blood.

Pneumococcal Polysaccharide Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- The arm where the vaccine is put in can get red, firm and swollen. Using an ice pack can decrease pain and swelling. If the redness spreads above the shoulder or below the elbow, contact your health care provider.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Immunization Protocol for ROTARIX®
Rotavirus (RV)

Purpose	To provide information and guidance for rotavirus immunization in Nunavut for providers. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect infants from severe gastroenteritis caused by rotavirus. In research studies, rotavirus vaccine efficacy is approximately 85%.
Indication	Nunavut's publicly funded vaccine is available for all infants
Eligibility	The vaccine is routinely offered to infants at 2 months and 4 months of age.
Product	ROTARIX®
Vaccine Type	Live attenuated oral vaccine
Vaccine components	Live attenuated human rotavirus RIX4414 strain. Dulbecco's Modified Eagle Medium (DMEM), sucrose, di-sodium adipate and sterile water. Porcine Circovirus type 1 residue.
Formats available	Oral applicator with a plunger stopper in pack sizes of 1, 5, 10, 25, 50 or 100 doses.
Manufacturer	GlaxoSmithKline Inc.
Administration	Orally, administer the entire contents of the oral applicator into the infant's mouth towards the inner cheek. The infant should be seated in a reclining position. It is recommended that rotavirus vaccine be given prior to injectable vaccines for the added benefit of pain relief. Current evidence indicates that rotavirus vaccine is comparable to sucrose solution in reducing injection-induced pain. **Do not inject.**
Dose Series	2 doses of 1.5mL First dose given at 2 months of age Second dose given at 4 months of age
Booster Dose	Not applicable
Vaccine interchangeability	The vaccine series should be completed with the same product whenever possible. However, in the event that the product used for a previous dose(s) is unknown, the series should be completed with the available product. If any dose in the series was RotaTeq, a total of 3 doses of any available rotavirus vaccine should be administered (See RotaTeq immunization protocol for further information).

Contraindications	Hypersensitivity to a previous dose of the vaccine or any of its components. Suspected or known immune compromising conditions including Severe Combined Immunodeficiency Disorder (SCID). Consult RCDC and attending pediatrician in all cases. Family history of immunodeficiency including severe combined immunodeficiency syndrome (SCIDS). A history of intussusception. Uncorrected congenital abdominal disorders (such as Meckel's diverticulum). Consult with attending physician.
Precautions and Additional Notes	Do not give Rotavirus vaccine unless **negative** screening results for Severe Combined Immunodeficiency have been reviewed. Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization. Vaccination should be delayed in infants with moderate-to-severe diarrhea or vomiting. Infants with mild gastroenteritis can be vaccinated. There is a small increased risk of intussusception in the 7 days following both the first and second doses of Rotavirus vaccine. Parents/guardians should be informed of the risk, as well as the signs and symptoms of intussusception (see fact sheet for more information). Rotavirus vaccine may be given concomitantly with, or at any time before or after, live parenteral vaccines (does not need to be spaced out by 4 weeks) Tuberculin skin testing (TST) can be done on the same day as the vaccine, or it should be delayed for at least 4 weeks (due to theoretical risk of interaction, still under study). If an incomplete dose is administered for any reason (e.g., infant spits or regurgitates the vaccine) a replacement dose should NOT be administered. The dose should be documented as given; a note can be made in the chart with any further details. There are no restrictions on the infant's consumption of food or liquid, including breastmilk, either before or after the vaccination. Vaccination does not need to be delayed in infants who have received blood products, including immunoglobulin. Excretion of the live vaccine virus in the stools of vaccinated children is known to occur after vaccination for up to 10 days (peaking at day 7). Persons in contact with recent vaccinated children should wash their hands after changing the child's diapers. ROTARIX® should be administered with caution to individuals with known immunodeficient close contacts such as individuals with malignancies, or who are otherwise immunocompromised or receiving immunosuppressive therapy. Consult RCDC and pediatrician in these cases. The maximum age to start the series is 14 weeks of age and the final dose should be given before the infant turns 8 months old.
Vaccine ordering	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C.

	Protect from light. **DO NOT FREEZE**. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	Common (1 - 10%): diarrhea, irritability Uncommon (0.1 – 1%): abdominal pain, dermatitis, flatulence Rare (0.01 – 0.1%): intussusception, blood in stools
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review Section 3 (3.5) in the Nunavut Immunization Manual. Complete an AEFI for all infants who develop intussusception in the first 21 days following any dose of rotavirus vaccine.
Vaccine coverage and reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the Government of Nunavut Department of Health website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Rotavirus Vaccine Fact Sheet
References	1. ROTARIX® Product Monograph. GlaxoSmithKline Inc. January 20, 2016. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. National Advisory Committee on Immunization. An Advisory Committee Statement: Statement on Rotavirus Vaccines and Intussusception. April 2016.

Immunization Protocol for RotaTeq®
Rotavirus (RV)

Purpose	To provide information and guidance for rotavirus immunization in Nunavut for providers. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect infants from severe gastroenteritis caused by rotavirus. In research studies, rotavirus vaccine efficacy is approximately 85%.
Indication	Nunavut's publicly funded vaccine is available for all infants.
Eligibility	The vaccine is routinely offered to infants at 2 months, 4 months, and 6 months of age.
Product	RotaTeq®
Vaccine Type	Live attenuated oral vaccine
Vaccine components	Human-bovine rotavirus reassortants: G1, G2, G3, G4, and G-serotypes that contain P1A[8]. Sucrose, sodium citrate dihydrate, sodium phosphate monobasic monohydrate, sodium hydroxide, polysorbate 80, diluent and cell culture media
Formats available	Each dose is supplied in a container consisting of a squeezable plastic, latex-free dosing tube with a twist-off cap, allowing for direct oral administration. The dosing tube is contained in a pouch.
Manufacturer	Merck Canada Inc.
Administration	Orally, administer the entire contents of the oral applicator into the infant's mouth towards the inner cheek. The infant should be seated in a reclining position. It is recommended that rotavirus vaccine be given prior to injectable vaccines for the added benefit of pain relief. Current evidence indicates that rotavirus vaccine is comparable to sucrose solution in reducing injection-induced pain. **Do not inject.**
Dose Series	3 doses of 2mL First dose given at 2 months of age Second dose given at 4 months of age Third dose given at 6 months of age
Booster Dose	Not applicable
Vaccine interchangeability	The vaccine series should be completed with the same product whenever possible. However, in the event that the product used for a previous dose(s) is unknown, the series should be completed with the available product. If any dose in the series was RotaTeq, a total of 3 doses of any available rotavirus vaccine should be administered. (See Rotarix immunization protocol for further information).

Contraindications	Hypersensitivity to a previous dose of the vaccine or any of its components. Suspected or known immune compromising conditions including Severe Combined Immunodeficiency Disorder (SCID). Consult RCDC and attending paediatrician in all cases. Family history of immunodeficiency including severe combined immunodeficiency syndrome (SCIDS). A history of intussusception. Uncorrected congenital abdominal disorders (such as Meckel's diverticulum). Consult with attending physician.
Precautions and Additional Notes	Do not give Rotavirus vaccine unless **negative** screening results for Severe Combined Immunodeficiency have been reviewed. Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization. Vaccination should be delayed in infants with moderate-to-severe diarrhea or vomiting. Infants with mild gastroenteritis can be vaccinated. There is a small increased risk of intussusception in the 7 days following any dose of Rotavirus vaccine. Parents/guardians should be informed of the risk, as well as the signs and symptoms of intussusception (see fact sheet for more information). Rotavirus vaccine may be given concomitantly with, or at any time before or after, live parenteral vaccines (does not need to be spaced out by 4 weeks) Tuberculin skin testing (TST) can be done on the same day as the vaccine, or it should be delayed for at least 4 weeks. If an incomplete dose is administered for any reason (e.g., infant spits or regurgitates the vaccine) a replacement dose should NOT be administered. The dose should be documented as given; a note can be made in the chart with any further details. There are no restrictions on the infant's consumption of food or liquid, including breastmilk, either before or after the vaccination. Vaccination does not need to be delayed in infants who have received blood products, including immunoglobulin. Excretion of the live vaccine virus in the stools of vaccinated children is known to occur after vaccination for up to 10 days (peaking at day 7). Persons in contact with recent vaccinated children should wash their hands after changing the child's diapers. RotaTeq® should be administered with caution to individuals with known immunodeficient close contacts such as individuals with malignancies, or who are otherwise immunocompromised or receiving immunosuppressive therapy. Consult RCDC and pediatrician in these cases. The maximum age to start the series is 14 weeks of age and the final dose should be given before the infant turns 8 months old.
Vaccine ordering	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C.

	Protect from light. **DO NOT FREEZE**. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	Common (1 - 10%): diarrhea, irritability Uncommon (0.1 – 1%): abdominal pain, dermatitis, flatulence Rare (0.01 – 0.1%): intussusception, blood in stools
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review Section 3 (3.5) in the Nunavut Immunization Manual. Complete an AEFI for all infants who develop intussusception in the first 21 days following any dose of rotavirus vaccine.
Vaccine coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the Government of Nunavut Department of Health website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Rotavirus Vaccine Fact Sheet
References	1. RotaTeq® Product Monograph. Merck Canada Inc. July 2, 2013. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. National Advisory Committee on Immunization. An Advisory Committee Statement: Updated Statement on the use of Rotavirus Vaccines. July 2010.

Fact Sheet

Rotavirus (RV) Vaccine

What is rotavirus?

Rotavirus is the most common cause of severe diarrhea in infants and young children. Most children become sick with the virus by the age of 5.
Worldwide, more than 500,000 young children die of rotavirus each year.

Who should receive the vaccine?

In Nunavut the 2 or 3 dose vaccine series is recommended for all infants. It is given routinely starting at your child's 2 month well baby visit.

What are benefits of the vaccine?

It protects infants and young children from getting sick with rotavirus. RV vaccine reduces health center and emergency room visits, as well as hospital admissions.
It protects the community and those most at risk of complications from infection.

Is the vaccine safe?

Yes. The most common side effects are diarrhea and irritability. Many infants have no side effects at all from the vaccine. have no side effects at all from the vaccine.
With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.*
Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine.

Therefore, **it is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Severe allergic reaction can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the RV vaccine?

Tell your health care provider if you have any of the following:

- Severe allergic reaction to a previous dose of a vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine.
- Any medical condition, treatment or medications that make them less able to fight off infections.
- Any abdominal disorders.
- A history of intussusception (a blockage or twisting of the gut (intestine).
- Current fever, diarrhea or vomiting.
- Is in close contact with anybody who has a medical condition, treatment or medications that make them less able to fight off infections.

What is the risk of not getting the RV vaccine?

Rotavirus is a leading cause of diarrheal illness in infants and young children. The RV vaccine decreases the chance your child will become sick with rotavirus diarrhea.

Rotavirus (RV) Vaccine After Care

- Rarely, babies can develop intussusception within a week of receiving the Rotavirus vaccine. This occurs when part of the gut (intestine) gets blocked or twisted. Signs may include severe stomach pain, vomiting, blood in stools, a swollen belly and/or high fever. If your child develops any of these signs, visit your emergency department or health center immediately.
- After your child has received the Rotavirus vaccine, they may shed some of the virus in their poop for up to 10 days. It is important to wash your hands after changing/handling the child's diaper.
- Your child can continue drinking or eating as usual before and after the vaccine.
- If your child experiences any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider

Feuille de renseignements

Vaccin antirotavirus

Qu'est-ce que le rotavirus?

Le rotavirus est la cause la plus fréquente de diarrhée grave chez les nourrissons et les jeunes enfants. Presque tous les enfants ont au moins un épisode de maladie à rotavirus avant l'âge de cinq ans, et plus de 500 000 jeunes enfants en décèdent chaque année dans le monde

Qui devrait recevoir ce vaccin?

Au Nunavut, on recommande d'administrer le vaccin antirotavirus à tous les nourrissons, en deux ou trois doses. La première dose est habituellement donnée lors du bilan de santé à deux mois.

Quels sont les avantages du vaccin?

Ce vaccin protège les nourrissons et les jeunes enfants contre les maladies à rotavirus. Ainsi, il réduit le nombre de visites au centre de santé ou à l'urgence et le nombre d'hospitalisations.

De plus, il protège la collectivité et les personnes les plus à risque de subir des complications en cas d'infection.

Le vaccin est-il sécuritaire?

Oui. Les effets secondaires les plus courants sont les suivants : diarrhée et irritabilité. Toutefois, beaucoup de gens n'ont aucun effet secondaire.

Comme c'est le cas pour tous les vaccins, il existe une très faible probabilité de réaction allergique grave, qui peut se manifester sous forme d'urticaire, d'éruption cutanée, d'enflure à la bouche ou de difficulté à respirer. Ce type de réaction survient typiquement dans les 15 minutes suivant l'administration du vaccin. Il est donc recommandé de rester à la clinique 15 minutes après avoir reçu le vaccin. Les réactions allergiques de ce genre se traitent, et votre fournisseur de soins de santé est formé pour le faire.

Avisez votre fournisseur de soins de santé si votre enfant :

- a déjà subi une réaction allergique grave à un vaccin (p. ex. respiration sifflante, serrement de poitrine, constriction de la gorge et difficulté à respirer ou à avaler);
- est allergique à l'un des ingrédients du vaccin;
- est moins apte à combattre les infections à cause de son état de santé, de ses traitements ou de ses médicaments;
- souffre de troubles abdominaux;
- a des antécédents d'invagination;
- fait actuellement de la fièvre, a la diarrhée ou vomit;
- est en contact étroit avec une personne dont l'état de santé, les traitements ou les médicaments la rendent moins apte à combattre les infections.

Quel est le risque lié au fait de ne pas recevoir le vaccin?

Le rotavirus est l'une des principales causes de maladie diarrhéique chez les nourrissons et les jeunes enfants. Le vaccin antirotavirus réduit le risque que votre enfant tombe malade.

Quoi faire après la vaccination antirotavirus

- Rarement, les bébés peuvent développer une invagination (obstruction ou torsion intestinale) dans la semaine suivant l'administration du vaccin. Voici quelques-uns des symptômes : maux de ventre intenses, vomissements, selles sanglantes, gonflement du ventre ou fièvre élevée. Si l'un ou l'autre de ces symptômes se manifeste, rendez-vous immédiatement à l'urgence ou au centre de santé.
- Le virus contenu dans le vaccin peut se retrouver dans les selles pendant une dizaine de jours après la vaccination; il est donc important de bien se laver les mains lors du changement de couches (et chaque fois qu'on doit manipuler une couche souillée).
- Votre enfant peut continuer de boire et de manger comme d'habitude (cela s'applique aussi à la période précédant l'administration du vaccin).
- Si votre enfant a des effets secondaires graves (p. ex. enflure de la bouche ou des lèvres, urticaire ou crise épileptique), rendez-vous immédiatement à l'urgence ou au centre de santé.
- Si vous avez des questions ou si vous vous inquiétez d'une réaction au vaccin, communiquez avec votre fournisseur de soins de santé.

Kanqiqhidjutit

Rotavirus-mun (RV) Havauti

Hunauva rotavirus?

Rotavirus pipkaitjutauvaktuq itiktalaqiqpiarutauyuq piipinnuani nutaqqanilu. Tamatqivyakhimayut nutaqqat aannialaqivaktut aannialaqutimi ukiuqalirhutik 5-nik. Nunaryuami, avatquhimayut 500,000 nutaqqat tuqutjutigivaktaa rotavirus ukiuq tamaat.

Kitkut kapuqhiqtughauvat kapuutikhanik havautiqaqtunik?

Nunavunmi malruuk pingahulluunniit havautiqaqtunik kapuutikhat pitquyauhimayut mirraanun. Tuniyauraanginnaqpaktuq aullaqtirhuni mirraavit malruungani tatqiqhiutaani piipiit ihivriuqhirviani.

Hunavuvat ikayuutauyut havautiqaqtumik kapuutinin?

Hapummivaktait mirraat nutaqqallu aannialqittailinikkut rotavirus-min. Rotavirus havautiqaqtumik kapuuti mikhilaaqtivaktait munarhiliarutinik aannialiqpiaraangallu aanniarvikmungauviknik, aanniarvikmungaqtaunirniklu.

Ikayuqpaktait nunallaamiut taapkuallu qayangnarhittaaqtut aannialaqiryuaqtaaqtut aannialaqitjutimin.

Havautiqaqtuq kapuuti qayangnaitpa?

Iihi. Tautungnaqtuq hulaqutit ukuak itiktarniq uumilruhungniqlu. Amigaittut inuit piqangittut hulaqutinik havautiqaqtumin kapuutimin.

Taimaatut tamainni havautiqaqtuni kapuutini, piqaqtuq mikkauqpiaqtumik pinirmik illaviiqhimayumik timimun nakuungitjutimik hulaqutimik, ilauyullu uvinik maniilaqiyuq, puvittuq qaniq, ayurnarhiyuqlu anirhaaktariami. Imaittuq hulaquti pilluayuktuq iluani 15 minitsini kapurhirnirmin. **Pitquyauhimayuq utaqqiuqlutit 15 minitsinik munarhitkunni quyaginnanik havautinik kapurhiqtaunirnin.** Illaviiqhimayut timimun nakuungittut hulaqutit havauhiqtauttaaqtut munarhillu ayuirhaqtauhimayuq qanuqtun havauhitautikhaanun.

Unniutilugu munarhit nutaqqat pihimavakpat quyaginnarnik hapkuninnga:

- Illaviiqhimayut timimun nakuungirutit hivuagut havautiqaqtumin kapurhimanirmin. Illaviiqhimayut timimun nakuungirutit ilaqaqtut anngayukniq, qatiggak hukattuq, iggiaq umiliqtuq ayurnarhiliqtuqlu anirhaaktariami iihiyaamiluunniit.
- Timimun nakuungittuq quyaginnamin avuhimatjutaanin havautiqaqtumin kapuutimin.
- Quyaginnaq aanniarnikkut piqaqtumik, havauhiutaanin havautininluunniit nakuuhihainnalimairutigiyait aannialaqitjutinin.
- Quyaginnait akuaqmi/naaqmi ihuittut.
- Atuqpakhimaniq iluanun imunirnik ingaluangani.
- Tatja kitjaqniq, itiktarniq miriarniqluunniit.
- Nayuinnaqtaa kinami aanniarutikkut piqaqtumik, havauhiutaanin havautininluunniit nakuuhihainnalimairutigiyait aannialaqitjutinin.

Hunauvat qayangnarhitjutiuyaaqtut pingitpat havautiqaqtunik kapuutinik?

Rotavirus pilluarutauyuq itiktarnikkut aannialaqitjutimik mirraani nutaqqanilu. Una Rotavirus havautiqaqtuq kapuuti mikhipkaqtitaa pinirmik nutaqqat aannialaqitjutaanik uumani rotavirus-min itiktalaqinirnik.

Rotavirus-kut Havautiqaqtumik Kapurhirnikkut Munariniq

- Pilluayuittuugaluaq, piipinnuat piyaaqtut iluanun imunirnik ingaluangani iluani havainirmi pihimaningani Rotavirus-kut havautiqaqtumik kapurhirnirmin. Una taimailiuqpaktuq ilanga ingaluaq himigaangat qipihimaliraangalluunniit. Naunaitkutit ilaqaqtaaqtut ingattaqhimayunik aqiaruqmi ulurianarnirnik, miriaqnirnik, aulik anarmi, puvihimayumik aqairuqmik uuminngalu/uuminngaluunnii kitjakpiarnirmik. Nutaqqat pihimaliqqat quyaginnarnik hapkuninnga naunaitkutinik, upaklugu aanniarvik munarhitkulluunniit tatjainnaq.
- Kinguagut nutaqqat pihimaningani Rotavirus-kut kapurhirhimanirmin, piiyaqtaaqtaa aannialaqitjuti anarmini naallugukiaq qulinik (10) upluni. Anginiqaqtuq uariami algatit makkaqtuirungni/hanaqigungni nutaqqavit makkaa.

Nutaqqat imirhimmaaqtaaqtut niriluniluunniit piyuktaminik taimaatut hivuagut kinguagullu kapurhirhimanirminin.

- Nutaqqat piliqqat qayangnaqtunik naunaitkutinik imaakiaq puvinniq qaniani/umilrukni, uviningani qiikiqpakluunniit aanniarviliarutilugu munarhiliarutiluguluunniit tatjainnaq.
- Apiruutiqaruvit, ihumaaluutiqaruvilluunniit mighaagut hulaqutimik kapurhiutimin, uqaqatigilugu munarhitkut.

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ᓄᕙᖕᓇᖅᑑᑉ ᒥᑦᓴᓄᑦ

ᑭᓱᖕᒪᑦ ᐊᓇᓚᖕᓇᖅ ᓄᑕᖅᑲᓄᑦ?

ᐊᓇᓚᖕᓇᖅ ᓄᑕᖅᑲᓄᑦ ᐊᑐᒐᔭᒃᑐᖅ ᐊᓇᓚᖕᓇᕐᔭᐊᕐᓗᓂ ᓄᑕᕋᑯᓗᓄᑦ ᓄᑕᖅᑲᓄᓪᓗ. ᐅᓄᕐᓂᖅᓴᑦ ᓄᑕᖅᑲᑦ ᐋᓂᐊᓕᖅᑲᑦᑕᖅᑐᑦ ᐋᓂᐊᕐᓇᒧᑦ ᐅᑭᐅᖅᑲᖅᑐᓄᑦ 5. ᓄᓇᕐᔪᐊᒥ, ᐅᖓᑖᓂ 500,000 ᓄᑕᖅᑲᑦ ᐃᓅᔪᓐᓃᖅᑲᑦᑕᖅᑐᑦ ᐊᓇᓚᖕᓇᖅ ᓄᑕᖅᑲᓄᑦ ᐊᕐᕌᒍᑕᒫᑦ.

ᑭᒃᑯᑦ ᐱᓇᔭᖅᐸᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᒥᒃ?

ᓄᓇᕗᒻᒥ ᒪᕿᐃᕐᓗᓂ ᐱᖓᓱᐃᕐᓗᓂᓘᓐᓃᑦ ᑯᓯᕐᓗᓂ ᐋᓂᐊᓕᕇᒃᑯᑎᒥᒃ ᐱᕐᑯᔭᐅᔪᖅ ᓄᑕᕋᓛᓕᒫᓄᑦ. ᐱᑎᑕᐅᖅᑲᑦᑕᖅᑐᖅ ᐊᑐᕆᐊᖅᑲᖅᑐᒃᑯᑦ ᐱᕆᐊᕐᓗᓂ ᓄᑕᕋᐃᑦ ᑕᖅᑭᖅᑲᓕᖅᑎᓪᓗᒍ ᒪᕐᕉᖕᓂᒃ ᖃᓄᐃᙱᑦᑎᐊᕐᓂᕐᒧᑦ ᐅᐸᒃᑕᐅᓂᕐᒥ.

ᑭᓱᖕᒪᑕ ᐱᑺᓕᕈᑎᒃᓴᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑎᑕᐅᓂᕐᒥ?

ᓴᐳᒻᒥᒋᓱᖅ ᓄᑕᕋᓂᒃ ᓄᑕᖅᑲᓂᒃᓗ ᐋᓂᐊᙱᑎᑦᑎᓂᕐᒥᒃ ᐊᓇᓚᖕᓇᖅ ᓄᑕᖅᑲᓄᑦ. ᐊᓇᓚᖕᓇᖅ ᓄᑕᖅᑲᓄᑦ ᐋᓂᐊᓕᕇᒃᑯᑎ ᒥᒃᓵᕆᐊᖅᑎᑦᑎᓱᖅ ᐋᓂᐊᕕᓕᐊᕐᓂᕐᒥ ᑐᐊᕕᕐᓇᖅᑐᓕᕆᕝᕕᖕᒥᓗᓐᓃᑦ ᐅᐸᒍᑎᓂᕐᓂ, ᐊᒻᒪᓗᑦᑕᐅᖅ ᐋᓂᐊᕕᖕᒥ ᐅᓂᒃᑎᑕᐅᓂᕐᓂ.

ᓴᐳᒻᒥᒋᓱᖅ ᓄᓇᓕᖕᒥ ᑕᐃᒃᑯᓄᖓᓗ ᐊᑦᑕᕐᓇᖅᑐᒥᓲᖑᔪᓄᑦ ᐊᒃᓱᕈᕐᓇᖅᑐᒃᑰᕐᓂᕐᓂ ᓱᕈᔪᖕᓇᖅᑐᒥ.

ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓂᖅ ᐊᑦᑕᕐᓇᙱᓚᖅ?

ᐄ. ᐊᑐᒐᔪᓛᑦ ᐱᔭᕇᖅᑕᐅᑎᓪᓗᒋᑦ ᐊᓇᓚᓕᕐᓗᑎᒃ ᐃᓗᕐᕆᔪᓐᓂᕐᓗᑎᒃᓗ. ᐅᓄᕐᓂᖅᓴᑦ ᐃᓄᐃᑦ ᐱᔭᕇᖅᑎᓪᓗᖕᒋᑦ ᐊᑲᐅᙱᓕᐅᕈᑎᖃᒐᔪᙱᑦᑐᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓂᕐᒥᒃ.

ᑕᒪᒃᑭᖅᑐᓄᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓂᕐᓂ, ᐊᑐᒐᔪᙱᑦᑐᖅ ᐱᕕᒃᓴᐅᓗᓂ ᑎᒥᐅᑉ ᐱᐅᒥᙱᓪᓗᓂᐅᒃ, ᐃᓚᐅᓪᓗᑎᒃ ᐅᖕᒋᓚᖕᓇᑦ, ᐊᐅᐸᓗᓚᖕᓂᖅ, ᐳᕕᓕᖕᓂᖅ ᖃᓂᒃᑯᑦ, ᐊᓂᖅᑎᓇᑦᑎᐊᕈᓐᓃᕐᓂᕐᓗ. ᑕᐃᒪᐃᑦᑐᖅ ᐊᑐᕐᓂᖅ, ᓴᖅᑭᓱᖅ 15 ᒥᓂᑦᒥ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓚᐅᖅᑎᓪᓗᒍ. **ᐱᕐᑯᔭᐅᔪᖅ ᓘᒃᑖᓕᐊᕐᕕᖕᒥᖕᒋᓐᓇᕐᓗᑎᑦ 15 ᒥᓂᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓚᐅᖅᑎᓪᓗᑎᑦ.** ᐱᔪᐊᖅᑐᖅ ᑎᒥᐅᑉ ᐱᐅᒥᙱᓪᓗᓂᐅᒃ ᒪᒥᓴᖅᑕᐅᔪᓐᓇᖅᑐᖅ ᐋᓂᐊᕕᖕᒥᑦ ᐱᓕᕆᔨᒋᔭᑦ ᐱᓕᒪᒃᓴᖅᑕᐅᓯᒪᔪᖅ ᒪᒥᓴᐃᔪᓐᓇᕐᓂᕐᒥᒃ.

ᐅᖃᐅᑎᓗᒍ ᐋᓂᐊᕕᖕᒥ ᐱᓕᕆᔨᒋᔭᑦ ᓄᑕᕋᐃᑦ ᓇᓕᐊᖕᓂᑐᐃᓐᓇᖅ ᐊᑐᖅᐸᑦ ᐊᑖᓃᑦᑐᓂᒃ:

- ᐱᔪᐊᖅᑐᒥᒃ ᑎᒥᐅᑉ ᐱᐅᒥᙱᑦᑕᖓᓂᒃ ᐊᑐᖅᐸᑦ ᐱᑎᑕᐅᓚᐅᖅᑎᓪᓗᒍ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓂᕐᒥᒃ. ᐱᔪᐊᖅᑐᑦ ᐊᑐᖅᑐᑦ ᐃᓚᐅᑎᑦᑎᔪᑦ ᖁᐃᖅᓱᒃᑰᓂᖅ, ᓴᓐᕕᖕᒥᒧᑦ ᓱᑲᖕᖏᖅᑰᔨᓂᖅ, ᐃᒡᒋᐊᒃᑯᑦ ᐃᓱᓕᑦᑕᕐᕕᖅᑰᔨᓂᖅ ᐊᒻᒪ ᐊᓂᖅᑎᓇᑦᑎᐊᕈᓐᓇᙳᓐᓂᖅ ᐋᓯᑦᑎᐊᕈᓐᓇᐃᓪᓕᓂᕐᓘᓐᓃᑦ.
- ᑎᒥᒃᑯᑦ ᐱᐅᒃᓴᙳᕋᐸᑦ ᑭᓱᒧᐃᓐᓇᒧᑦ ᐃᓚᐅᕈᑎᖕᒪᓄᑦ ᐋᓂᐊᓕᕇᒃᑯᑎ.
- ᖃᓄᑐᐃᓐᓇᖅ ᐋᓂᐊᒧᑦ ᖃᓄᐃᓕᖕᒪᓂᖅᑲᖅᐸᑦ, ᒪᒥᓴᖅᑕᐅᒃᐸᑦ ᐃᓅᓕᓴᐅᑎᑐᖅᐸᓪᓘᓐᓂᑦ ᐱᔪᓇᐅᑎᖅᑲᖅᑎᑦᑎᙳᑦᑐᐊᕐᑐᑎᒃ ᓱᕈᔪᖕᓇᕐᒥ ᐱᑐᐊᖅᑕᐃᓕᓂᕐᒥ.
- ᖃᓄᑐᐃᓐᓇᖅ ᓇᕐᓗᖅᑲᑦᑕᖅᐸᑕ.
- ᐊᑐᖅᓯᒪᓂᑰᒃᐸᑦ ᐃᓇᓗᐊᑦ ᕿᐱᒍᑎᓗᑎᒃ.
- ᐆᓇᒐᓚᖅᐸᑦ, ᐊᓇᒐᓚᖅᐸᑦ ᒥᓇᐊᑲᑦᑐᓂᓘᓐᓃᑦ.
- ᖃᓂᕆᓴᖅᑲᖅᐸᑦ ᑭᓇᑐᐃᓐᓇᕐᒥᒃ ᐋᓂᐊᒧᑦ ᖃᓄᐃᓕᖕᒪᓂᖅᑲᖅᑐᒥᒃ, ᒪᒥᓴᖅᑕᐅᔪᒥᒃ ᐃᓅᓕᓴᐅᑎᑐᖅᑐᒥᒃᓘᓐᓃᑦ ᐱᔪᓇᐅᑎᖅᑲᖅᑎᑦᑎᙳᑦᑐᐊᕐᑐᑎᒃ ᓱᕈᔪᖕᓇᕐᒥ ᐱᑐᐊᖅᑕᐃᓕᓂᕐᒥ.

ᑭᓱᖏ ᐊᑦᑕᕐᓇᖅᑐᒥᓐᓇᖅᑐᖅ ᐱᙳᑎᓪᓗᒍ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓂᖅ?

ᐊᓇᓚᖕᓇᖅ ᓄᑕᖅᑲᓄᑦ ᓯᕗᓪᓕᐅᓪᓗᓂ ᐱᑎᑦᑎᓵᐅᔪᖅ ᐊᓇᓚᖕᓂᕐᒥ ᐋᓂᐊᓇᕐᒥᒃ ᓄᑕᕋᓛᓄᑦ ᓄᑕᖅᑲᓄᓪᓗ. ᐊᓇᓚᖕᓇᖅ ᓄᑕᖅᑲᓄᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓂᖅ ᒥᒃᓵᕆᐊᖅᑎᑦᑎᓱᖅ ᐱᕕᒃᑲᕐᓂᕐᒥ ᓄᑕᕋᐃᑦ ᐋᓂᐊᓕᕐᓗᓂ ᐊᓇᓚᖕᓇᖅ ᓄᑕᖅᑲᓄᑦ ᐊᓇᓚᑲᑕᓕᖕᓂᕐᒥᒃ.

ᓱᓕᔪᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ

ᓄᓇᕗᑦ ᒥᓂᔅᑕ

ᐊᓇᓚᙵᖅ ᓄᑕᖅᑲᓄᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓂᕐᒥ ᑲᒪᒋᔭᐅᕙᓂᒃᑎᓪᓗᒍ
• ᐊᑐᓚᔪᙱᑦᑐᖅ, ᓄᑕᕋᙶᑦ ᐱᔪᓐᓇᖅᑐᑦ ᐃᓇᓗᐊᑦ ᕿᐱᒍᑎᓗᑎᒃ ᐱᓇᓱᐊᕈᓯᖅ ᐊᓂᒍᖅᑎᓪᓗᒍ ᐱᓚᐅᖅᑎᓪᓗᒍ ᐊᓇᓚᙵᖅ ᓄᑕᖅᑲᓄᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓂᕐᒥᒃ. ᑕᐃᒪᐃᓲᖅ ᐃᓚᖓ ᐃᓇᓗᐊᖅ (ᐃᓇᓗᐊᖅ) ᑕᑕᕿᓗᐊᕓᖓᑦ ᐃᐱᒍᑎᓗᓂᓘᓐᓂᑦ. ᖃᐅᔨᒪᓇᕈᑎᑦ ᐃᓚᐅᑎᑦᑎᔪᓐᓇᖅᑐᑦ ᓈᙳᕐᔪᐊᕐᓂᕐᒥᒃ, ᒥᕆᐊᑲᑕᙱᕐᒥᒃ, ᐊᐅᖅᑲᕐᓗᓂ ᐊᓇᖓᓂ, ᐳᕙᕿᓪᓗᓂ ᓈᖅ ᐊᒻᒪᓘᓐᓃᑦ ᐆᓇᒐᓚᓗᐊᕐᓂᖅ. ᓄᑕᕋᐃᑦ ᑕᐃᒪᐃᑉᐸᑦ ᑖᒃᑯᓄᙵ ᓇᓕᐊᑐᐃᓐᓇᕐᓄᑦ ᖃᐅᔨᒪᓇᕈᑎᓄᑦ, ᐅᐸᒍᑎᑎᓪᓗᒍ ᑐᐊᕕᕐᓇᖅᑐᒃᑯᕕᖕᒧᑦ ᐋᓂᐊᕕᖕᒧᓪᓗᓐᓂᑦ ᐃᕐᖔᓐᓇᖅ.
• ᓄᑕᕋᐃᑦ ᐱᓚᐅᖅᑎᓪᓗᒍ ᐊᓇᓚᙵᖅ ᓄᑕᖅᑲᓄᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓂᕐᒥᒃ, ᐃᔭᐃᑐᐃᓐᓇᓇᐊᓕᒃ ᐃᓚᖏᓐᓂ ᐊᓇᕐᓂᒃᑯᑦ ᑎᑭᓪᓗᒍ ᖁᓖᑦ ᐅᓪᓗᐃᑦ. ᐱᔭᓇᐊᖃᒻᒪᓇᒃᑐᖅ ᐅᐊᓴᖅᐸᒃᓗᒋᒃ ᐊᒡᒐᒃᑭᒃ ᐊᓯᔾᔨᓚᐅᖅᑎᓪᓗᒍ/ᑲᒪᒋᓚᐅᖅᑎᓪᓗᒍ ᓄᑕᖅᐱᑦ ᖁᐃᖏᓕᑕᖓ.
• ᓄᑕᕋᐃᑦ ᐃᒥᑲᑕᐃᓐᓇᕈᓐᓇᖅᑐᖅ ᓂᕆᑲᑕᐃᓐᓇᕐᓗᓂᓘᓐᓂᑦ ᐊᑐᖃᑦᑕᖅᑕᖓᒍᑦ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓚᐅᙱᑎᓪᓗᒍ ᐱᔭᕇᖅᑎᓪᓗᒍᓗ.
• ᓄᑕᕋᐃᑦ ᐊᑐᖅᐸᑦ ᖃᓄᑐᐃᓐᓇᖅ ᐱᕐᔪᐊᕐᑐᒥᒃ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓚᐅᖅᑎᓪᓗᒍ ᓱᕐᓗ ᐳᕙᕿᓕᕐᓗᓂ ᖃᓂᖓᒍᑦ/ᖃᕐᓗᒃᑯᑦ, ᐅᖏᓚᙵᖅ ᕿᖅᓱᑲᙱᓂᕐᓗᓐᓂᑦ ᐅᐸᒍᑎᑎᓪᓗᒍ ᑐᐊᕕᕐᓇᖅᑐᒃᑯᕕᖕᒧᑦ ᐋᓂᐊᕕᖕᒧᓪᓗᓐᓂᑦ ᐃᕐᖔᓐᓇᖅ.
• ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ, ᐃᓱᒪᓗᑎᒃᓗᓐᓂᑦ ᖃᓄᐃᓕᓗᓐᓇᕐᓂᖕᒪᓂᒃ ᐋᓂᐊᓕᕇᒃᑯᑎᓕᖅᑕᐅᓚᐅᕐᓗᓂ, ᐅᖃᖃᑎᖃᕐᓗᑎᑦ ᐋᓂᐊᕕᖕᒥ ᐱᓕᕆᔨᒥᒃ.

Immunization Protocol for Td ADSORBED

Tetanus and Diphtheria (Td)

Purpose	To provide information and guidance for Td immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect Nunavummiut from illness caused by tetanus and diphtheria.
Indication	Nunavut's publicly funded Td booster immunization is offered routinely to all adults every ten years. It is also offered in those 7 years of age and older as prophylaxis for Tetanus in wound management.
Eligibility	Td ADSORBED is publically funded as a routine adult booster immunization of tetanus and diphtheria; and for prophylaxis in wound management. Note: all adults in Nunavut should receive one 1 dose of Tdap (Adacel® or Boostrix®). If they have not had one dose of Tdap in adulthood, Tdap should be given. Subsequent doses of Td (only) should be given every 10 years. See Adacel® or Boostrix® immunization protocols for specific guidelines.
Product	Td ADSORBED
Vaccine Type	Inactivated vaccine
Vaccine components	Tetanus Toxoid, diphtheria toxoid Aluminum Phosphate, 2-phenoxyethanol, isotonic solution of sodium chloride in water for injection.
Formats available	1 single dose of 0.5 mL in a glass vial (latex free).
Manufacturer	Sanofi Pasteur Limited
Administration	Intramuscular (IM) injection in the deltoid muscle. Td ADSORBED **<u>should not</u>** be administered into the buttocks. Gently shake the vial well until a uniform, cloudy, suspension results.
Dose Series	**Routine Immunization:** One dose of 0.5 mL given routinely every 10 years. **Guide to tetanus prophylaxis in wound management:**

History of tetanus immunization	Clean, minor wounds		All other wounds	
	Tetanus toxoid containing vaccine	**TIg**	**Tetanus toxoid containing vaccine**	**TIg**
Unknown or less than 3 doses in a vaccine series	Yes	No	Yes	Yes
3 or more doses in a vaccine series and **less than 5 years** since last booster	No	No	No	No*
3 or more doses in a vaccine series and **more than 5 years** but **less than 10 years** since	No	No	Yes	No*

	last booster dose				
	3 or more doses in a vaccine series and **more than 10 years** since last booster dose	Yes	No	Yes	No*
	* Yes, if known to have a humoral immune deficiency state TIg tetanus immune globulin				
	Persons who have completed primary immunization against tetanus (at least 3 documented doses) and who sustain wounds that are minor and uncontaminated should receive a booster dose of a tetanus toxoid-containing preparation if they have not received tetanus toxoid within the preceding 10 years. Persons who are previously unimmunized or incompletely immunized (unknown or less than 3 doses) and sustain more than a minor, clean wound, prophylaxis should consist of both Tetanus Immunoglobulin (TIg) and tetanus-containing vaccine (as appropriate for age and immunization history) given at different injection sites using separated needles and syringes. TIg provides immediate passive protection until the exposed person mounts an immune response to the tetanus toxoid-containing vaccine. The vaccine series should be completed subsequently unless there is a contraindication. For tetanus-prone wounds (eg, wounds contaminated with dirt, feces, soil , bites (both human and animal), puncture wounds, avulsions and wounds resulting from missiles, crushing, burns or frostbite), a booster is appropriate if the patient has not received a tetanus toxoid-containing preparation within the preceding 5 years.				
Booster Dose	Booster immunizations of Tetanus and Diphtheria (Td Adsorbed) are indicated every 10 years throughout the lifespan.				
Vaccine interchangeability	Not applicable				
Contraindications	A history of anaphylaxis after previous administration of the vaccine or another vaccine containing one or more of the same components.				
Precautions and Additional Notes	Vaccination should be delayed in individuals with a severe acute febrile illness. Mild illnesses, such as a cold or a low-grade fever, are not reasons to delay immunization. Tetanus Toxoid should not be given routinely to clients who have received a booster dose in the previous 5 years. Susceptible pregnant women may receive Td vaccine if indicated. There no evidence to suggest a risk to the fetus or to the pregnancy from maternal immunization with Td vaccine.If Guillain-Barré syndrome (GBS) occurred within 6 weeks of receipt of prior vaccine containing tetanus toxoid, the decision to give Td ADSORBED or any vaccine containing tetanus toxoid should be based on careful consideration of the potential benefits and possible risks. Consult, as necessary, with the community physician.				
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.				
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.				
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.				
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.				
Side Effects	Common side effects include injection-site pain, erythema, and swelling.				

	Other common reactions include fever, headache, body ache, and joint pain. These side effects are usually mild and last no more than 3 to 4 days. Severe reactions, such as high fever, or a serious allergic reaction are very rare.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form • The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Tetanus and Diphtheria Fact Sheet
References	1. Td ADSORBED Product Monograph. Sanofi Pasteur Limited. June 2010. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Feuille de renseignements

Vaccin contre le tétanos et la diphtérie (Td)

Qu'est-ce que le tétanos ?
Le tétanos (lockjaw ou « mâchoire bloquée ») est une bactérie qui peut pénétrer par des égratignures et des coupures et causer des spasmes musculaires douloureux, des problèmes respiratoires et occasionnellement la mort.

Qu'est-ce que la diphtérie ?
La diphtérie est une bactérie qui peut causer une infection grave du nez et de la gorge pouvant engendrer de graves problèmes respiratoires.

Qui devrait recevoir le vaccin ?
Au Nunavut, ce vaccin de rappel est recommandé systématiquement pour tous les adultes à chaque 10 ans.

Ce vaccin peut également être recommandé à tous Nunavummiut de plus de 7 ans dont le vaccin contre le tétanos date de plus de 5 ans et qui ont subi l'une des blessures suivantes :

- Une coupure ou plaie ouverte contaminée par de la saleté, des excréments ou de la terre.
- Une morsure (humaine ou animale)
- Une coupure profonde
- Une brûlure ou une engelure

Quels sont les avantages du vaccin ?

- Il empêche les Nunavummiut de tomber malades des suites du tétanos et de la diphtérie.
- En raison des immunisations, ces maladies sont maintenant rares au Canada.

Est-ce que le vaccin est sécuritaire ?
Oui. La plupart des personnes n'ont aucun effet secondaire ou, s'ils en ont, ils sont mineurs et ne durent pas plus que quelques jours.

Les effets secondaires communs incluent :

- Douleur, rougeur et enflure à l'endroit où le vaccin a été administré
- Fièvre légère ou fatigue
- Courbatures et articulations douloureuses

Peu importe le vaccin, il y a toujours une très faible chance que se produise une réaction allergique grave appelée *anaphylaxie*. Les symptômes d'un choc anaphylactique sont l'urticaire, les éruptions, le gonflement/l'enflure de la bouche, de la difficulté à respirer. Ce type de réaction se produit habituellement dans un délai de 15 minutes à la suite de l'administration d'un vaccin. **Il est recommandé de demeurer à la clinique pendant 15 minutes à la suite de l'administration du vaccin**. L'anaphylaxie peut être traitée et tout professionnel de la santé est formé pour traiter ce genre de réaction.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin ?
Mentionnez-le au professionnel de la santé si l'une des situations suivantes s'applique à vous ou à votre enfant :

- Une réaction grave suite à une dose précédente de ce vaccin ou de tout autre vaccin.
- Une allergie à tout ingrédient contenu dans le vaccin.

Quel est le risque lié au fait de ne pas recevoir le vaccin ?
Si vous ou votre enfant n'obtenez pas tous les vaccins recommandés, vous êtes à risque de tomber malade. Ces maladies peuvent mener à des complications graves allant jusqu'à la mort.

Soins à apporter après l'administration du vaccin
• Afin de contrôler la fièvre et soulager la douleur ou les courbatures, vous pouvez donner à votre enfant de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Administrez à votre enfant la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille. Une compresse d'eau froide peut également être utilisée pour soulager la douleur et l'enflure au point d'injection. • L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, lequel peut causer des dommages permanents au cerveau et la mort. • Tout effet secondaire important tel que le gonflement/l'enflure de la bouche ou des lèvres, de l'urticaire ou des convulsions devrait être examiné immédiatement par un professionnel de la santé. • Si vous avez des questions ou êtes inquiet par une réaction due à un vaccin, consultez un professionnel de la santé.

Ilitturidjutikhat

Tetanus Diphtheria-lu (Td) Kappuut Ilitturidjutikhat

Hunali tetanus?
Tetanus (agliruk naktittuk) qupilruq timimut itiqpaktuq kilaakkut killikkullu, ulurianaqtuq nukiit qirattapiaraangamik timimi, aniqhaaqtariami ayurnaqhibluni.

Hunali diphtheria?
Diphtheria qupilruq nakuun'ngiutauvaktuq qingarnut iggiarnut, aniqhaaktariami ayuqhaqtinnaqtuq.

Kitkut kapuqtauyukhauvat?
Nunavunmi un kapuffaaqtaut kappuut atuquyauvaktuq inirninut ukiut qulit aniguraangata.

Una kappuut atuquyauvaktuq Nunavunmiuni nutaqqanut ukiungit avatqumayut 7-nik ukiulgit taapkua kapuqtauyut aniguqhimaliqtuni ukiuni tallimaniukuninga aanniqhimayuuyuq:

- Angmaumayut killiit ikiit halumailruqaqtut anavalungnit, nuavalungnigluuniit.
- kiittirniit (inungnit miryutinilluniit)
- angmaumayut ikiit
- uutirniit qiqitiqhimaniit

Qanuq ikayuutauva kappuut?

- Nunavunmiut aannialaqipkaqtailivagait taapkuninga tetanus-nik diphtherianiglu.
- Kapuqtauvaliramik aannialaqinaitunik, hapkua anniarutit tammaqpalliayut Kanatami.

Kappuut qayangnaitpa?
Hii. Amigaittut kitkuliqaak aannialaqiyuittut, aannialaqigumik, akhuunngituq imaalu ubluni qaffinuani aanniaqpaktut. Mihingaqpaktit ukuat:

- ulurianarniq, aupadjahuni puvittunilu kapuqhirnia
- kinakhuni mikiyumik unaguhukhuniluuniit
- timi avataillu ulurianaqhilutik

tamaitatut kappuutitit, ilani uminnga aanniarunmik aaniarutiniktaaqtut taivagaat *anaphylaxis-mik*. Anaphylaxis takunnaqtuq naunaittuq uvinik puvittunuanikhuni, aupadjaalaqibluni, qaniq puvittuni aniqhaaktariami ayurnaqhibluni. Imailinnaqtuq 15 minitni kapuqtaukpat. **Pitquiyut munaqhitkuniitquiyut kapuqhiruilihaaruvit**. Anaphylaxis , timip nakuuginngitanga huirnaqtuq ihuaqhittautaaqtuq munaqhini ayuiqhaqhimayut ikayuriamingik taimailiyunik.

Kina uqaqtukhauva munaqhinut kapuqtinnatik taffuminga kappuunmik?

Unniutidjavahi munaqhit ukuninnga mihigiguvit:

- Akhut ihuiruvit kappuutinut.
- Timimut aanniarutit ilaugiyaani kappuutit

Qanuriniaqqat kapuqtaunngitpat taaffuminga kappunmik?
ilvit nutaqqaluuniit tamainik kapuutiutikhamingnik pinngitpat, aannialaqitaaqtuq –taaqtutit. Una aanniarut qayangnaqtuq tuqudjutauttaaqtuq.

Kapuqtauhuiqqat Munaqhidjutikhat

- Qayagiyaarni kidjaumanikkut ulurianarnirmut, havautinik iihittaaqtutit ukuninga Acetaminophen (Tylenol, Tempra) ukuninngaluuniit havautit Ibuprofen (Advil, Motrin). Nutaqqanut, iihipkarlugu aktilaanganik munaqhit pitquyaanganik haviutit. Niglaumayuq allarut atuqtauttaaqtuq kidjaumahuirutikhaq puvipkaniirutikhaq kapuqhiviagut.
- Qayagiyaarni kidjaumanikkut ulurianarnirmut, havautinik iihittaaqtutit ukuninga Acetaminophen (Tylenol, Tempra) ukuninngaluuniit havautit Ibuprofen (Advil, Motrin). Nutaqqanut, iihipkarlugu aktilaanganik munaqhit pitquyaanganik haviutit.
- Nakuulluarungnairuvit kapuqtauhuiruvit qanit/umilrukkit puvitpanik, uviningnilu nauyuqaqqat qiiqilaqivaliruvit qilamik munaqinungaulutit.
- Apiqhuutihaqaruvit, ihumaaluuliruvit nakuu;luarungnairuvit kappuunmit, uqaqatigilugit munaqhit.

ᓇᓗᓇᐃᖅᑎᖅᓯᒪᔪᑦ

ᐊᒡᓕᖀᑉ ᓄᑭᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ ᐊᒻᒪ ᐃᒡᒋᐊᕐᔪᖕᓂᕐᒧᑦ (Td) ᐋᓐᓂᐊᓕᖏᒃᑯᑎᒧᑦ ᓇᓗᓇᐃᖅᑎᖅᓯᒪᔪᑦ

ᑭᓲᕙ ᐊᒡᓕᖀᑉ ᓄᑭᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ?

ᐊᒡᓕᖀᑉ ᓄᑭᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ (lockjaw) ᖁᐱᕐᕈᐊᕐᔪᒃ ᒪᒥᓴᒐᒃᓴᐅᕗᖅ ᐳᓚᔪᓐᓇᖅᑐᖅ ᕿᓯᒃᓯᒪᓂᒃᑯᑦ ᐊᒻᒪ ᑭᓕᖅᓯᒪᓂᒃᑯᑦ, ᐊᒻᒪ ᐋᓐᓂᐊᕐᓇᖅᑐᒥᒃ ᓄᑭᒃᑯ ᓱᑲᑦᑕᕐᓇᖅᖢᓂᑦ ᑎᒥᒃᑯᑦ, ᐊᓂᖅᑎᓇᑦᑎᐊᕐᓇᙱᕐᖢᓂᑦ, ᐊᒻᒪ ᖃᑯᑎᒃᑯ ᐃᓅᔪᓐᓃᕈᑕᐅᕙᒃᖢᓂᑦ.

ᑭᓲᕙ ᐃᒡᒋᐊᕐᔪᖕᓂᖅ?

ᐃᒡᒋᐊᕐᔪᖕᓂᖅ ᖁᐱᕐᕈᐊᕐᔪᐃᑦ ᒪᒥᓴᒐᒃᓴᐅᕗᖅ ᐊᒻᒪᑎᕐᕈᑕᐅᔪᓐᓇᒻᒪᕆᒃᖢᓂᑦ ᕿᖓᒃᑯᑦ ᐊᒻᒪ ᐃᒡᒋᐊᒃᑯᑦ, ᐊᒻᒪ ᐊᓂᖅᑎᓇᒡᒐᓕᕐᓇᒻᒪᕆᒃᖢᓂᑦ.

ᑭᓇ ᐋᓐᓂᐊᓕᖏᒃᑯᑎᒧᑦ ᑲᐱᔭᐅᓪᓗᐊᖅᐸ?

ᓄᓇᕗᒻᒥ ᑖᓐᓇ ᐋᓐᓂᐊᓕᖏᒃᑯᑎ ᐊᑐᖁᔭᐅᕗᖅ ᖃᑯᒍᙳᒍᕐᕌᖓᓯᐅᒪᒧᑦ ᐃᓐᓇᕐᓄᓕᒫᑦ ᖁᓕ ᐊᕐᕌᒍᑦ ᐊᓂᒍᕐᕌᖓᓚᑦ.

ᑖᓐᓇ ᐋᓐᓂᐊᓕᖏᒃᑯᑎ ᐊᑐᖁᔭᐅᔪᓐᓇᖅᒥᔪᖅ ᓄᓇᕗᒻᒥᐅᓄᑦ 7ᓂᑦ ᐊᕐᕌᒍᓖᑦ ᐅᖓᑖᓄᑦᑐ ᑭᖑᓪᓕᕐᒥᑦ ᐊᒡᓕᖀᑉ ᓄᑭᖏᓐᓂᒃ ᐋᓐᓂᐊᒧᑦ ᑲᐱᔭᐅᓚᐅᖅᓯᒪᒍᓂᑦ ᑕᑦᓚᒪᑦ ᐊᕐᕌᒍᑦ ᖄᖏᖅᑐᓄᑦ ᐊᒻᒪ ᐊᑕᐅᓯᕐᒥᑦ ᐅᓇᓂ ᑕᐃᔭᐅᓯᒪᔪᒥᒃ ᐋᓐᓂᕐᓂᑰᒧᓂᑦ:

- ᐅᒃᑯᐃᖕᒐᔪᒥᒃ ᑭᓕᕐᓂᑰᓗᓂᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᖅᓯᒪᔪᑦ ᓱᕈᖅᑲᖅᑐᑦ, ᐊᓇᕐᒥᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐃᔾᔪᕐᒥᑦ.
- ᑮᔭᐅᓯᒪᔪᑦ (ᑕᒪᐃᓐᓂ ᐃᓄᖕᓂᑦ ᐊᒻᒪ ᓂᕐᔪᑎᓂᑦ)
- ᐳᑐᓯᒪᔪᑦ ᐋᓐᓂᖅᓯᒪᔪᑦ
- ᐆᓯᒪᔪᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᕿᓯᒪᔪᑦ

ᑭᓲᕙᑦ ᐊᑑᑎᖏᑦ ᐋᓐᓂᐊᓕᖏᒃᑯᑎᐅᑉ?

- ᓄᓇᕗᒻᒥᐅᓂᑦ ᐋᓐᓂᐊᓕᖅᑎᑦᑎᑕᐃᓕᓲᖅ ᐊᒡᓕᖀᑉ ᓄᑭᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ ᐊᒻᒪ ᐃᒡᒋᐊᕐᔪᖕᓂᕐᒧᑦ.
- ᐱᔾᔪᑎᒋᑦᑐᒧᑦ ᑲᐱᔭᐅᖃᑦᑕᕐᓃᑦ, ᑕᒪᒃᑯᐊ ᖃᓂᒪᓐᓇᐃᑦ ᑕᑯᔭᐅᕙᙱᑦᑐᑦ ᑲᓇᑕᒥᑦ.

ᐋᓐᓂᐊᓕᖏᒃᑯᑎᐅᔪᖅ ᐊᑦᑕᕐᓇᙱᓛ?

ᐄ. ᐊᒥᓱᑦ ᐃᓄᐃ ᖃᓄᐃᓐᓂᕆᔭᐅᓚᐅᖅᑐᓂᑦ ᐊᑐᖅᐸᙱᑦᑐᐃᑦ ᐅᕝᕙᓘᓐᓃᑦ, ᐊᑐᕈᑎᒃ, ᐊᒃᓱᐊᓘᖏᑦᑐᑦ ᐊᒻᒪ ᒪᕈ ᐅᓪᓘᖕᓂᑦ ᑐᖕᓖᓂᐅᕙᒃᖢᓂᑦ. ᖃᓄᐃᓐᓂᕆᔭᐅᓚᐅᖅᑐᑦ ᒪᑯᐊᖑᕗᑦ:

- ᐃᑉᐱᖕᓂᓂᖅ, ᐊᐅᐸᖅᓯᓂᖅ ᐊᒻᒪ ᐳᕙᓕᕐᓂᖅ ᑲᐱᔭᐅᕝᕕᒋᓵᖅᑕᖓᒍᑦ
- ᐆᓇᕐᓂᖅ ᐅᕝᕙᓘᓐᓃᑦ ᑕᖅᑲᖓᓂᖅ
- ᑎᒥᒃᑯᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓇᒡᒍᐊᒃᑯ ᐋᓐᓂᐊᕐᓂᖅ

ᐋᓐᓂᐊᓕᖏᒃᑯᑎᓕᒫᓂᒃ, ᐊᑦᑎᒃᑐᒻᒪᕆᖕᒥᑦ ᐊᑐᑐᐃᓐᓇᕆᐊᓕᒃ ᑎᒥᐅᑉ ᐱᐅᒋᙱᒻᒪᕆᒃᑕᖓᓂᑦ ᑕᐃᔭᐅᔪᖅ ᑎᒻᒥᐅᑉ ᓈᒻᒪᒥᙱᑕᖓᓄᑦ ᐊᑦᑕᕐᓇᕈᓇᖅᓂᖅ. ᑎᒻᒥᐅᑉ ᓈᒻᒪᒥᙱᑕᖓᓄᑦ ᐊᑦᑕᕐᓇᕈᓇᖅᓂᖅ ᓴᖅᑭᔮᓲᖑᕗᖅ ᐅᕕᓂᒡᔪᖕᓂᑐᑦ, ᐊᒥᕐᔪᖕᓂᖅ, ᐳᕕᓐᓂᖅ ᖃᓂᕐᒥᑦ, ᐊᒻᒪ/ᐅᕝᕙᓘᓐᓃᑦ ᐊᓂᖅᑎᓇᒡᒐᕐᓂᖅ. ᑕᒪᓐᓇ ᐊᑐᖅᑕᐅᓲᖅ 15 ᒥᓇᑦ ᐃᓗᐊᓂᑦ ᐋᓐᓂᐊᓕᖏᒃᑯᑎᒥᑦ ᑳᐳᖅᑕᐅᓚᐅᖅᑎᑦᑐᒧᑦ. ᑕᐃᒪᐃᒻᒪᑦ, **ᐋᓐᓂᐊᕐᕕᖕᒥᒃᑲᓐᓂᓚᐅᑲᖅᑯᔭᐅᕗᑎᑦ 15 ᒥᓇᑦ ᐋᓐᓂᐊᓕᖏᒃᑯᑎᒧᑦ ᑳᐳᖅᑕᐅᓚᐅᖅᑎᑦᑐᑎᑦ**. ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᓕᒻᒪᒃᓴᖅᓯᒪᔪᖅ ᑲᒪᒋᔭᖅᑲᖅᓂᕐᒧᑦ ᑎᒥᐅᑉ ᓈᒻᒪᒥᙱᑕᖓᓄᑦ ᐊᑦᑕᕐᓇᕈᓇᖅᓂᕐᒧᑦ.

ᑭᓇ ᐅᖃᖃᑎᖃᓪᓗᐊᖅᐸ ᐋᓐᓂᐊᓯᐅᖅᑎᖓᓄᑦ ᐋᓐᓂᐊᓕᖏᒃᑯᑎᒧᑦ ᑲᐱᔭᐅᓚᐅᙱᓇᖓᓂᑦ?

ᐅᖃᐅᑎᓗᒍᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓇᓚᐊᖕᓂᑐᐃᓐᓇᖅ ᒪᑯᓂᖓ ᐊᑐᕐᓂᕐᒥᒃ:

- ᑎᒦᑦ ᓈᒻᒪᒋᔭᖅᑲᙱᒻᒪᕆᓚᐅᕈᓂᑦ ᑭᖑᓪᓕᕐᒥᑦ ᑲᐱᔭᐅᓚᐅᖅᑎᑦᑐᑎᑦ ᑕᒪᑐᒧᖓ ᐅᕝᕙᓘᓐᓃᑦ ᓇᓚᐊᖕᓂᑐᐃᓐᓇᖅ ᐋᓐᓂᐊᓕᖏᒃᑯᑎᒥᑦ.
- ᑎᒦᑦ ᓈᒻᒪᒋᔭᖅᑲᙱᒃᑯᓂᑦ ᓇᓚᐊᖕᓂᑐᐃᓐᓇᖅ ᐃᓚᒃᓴᕆᔭᐅᔪᒥᒃ ᐋᓐᓂᐊᓕᖏᒃᑯᑎᐅᔪᒥᑦ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓇᖅᐸ ᐋᓐᓂᐊᓕᖏᒃᑯᑎᒥᒃ ᑲᐱᔭᐅᙱᑦᑐᓂᑦ?

ᐃᒡᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᕿᑐᕐᙵᐃᑦ ᐊᑕᖏᕐᓗᒋᑦ ᐊᑐᖁᔭᐅᔪᓂᒃ ᐋᓐᓂᐊᓕᖏᒃᑯᓯᙱᒃᑯᓂᑦ, ᐊᑦᑕᕐᓇᖅᑐᒦᑉᐳᖅ ᐋᓐᓂᐊᓕᓇᐊ. ᑕᒪᒃᑯᐊ ᖃᓂᒪᓃᑦ ᐊᔪᕐᓇᖅᑐᒦᓕᑐᐃᓐᓇᕆᐊᖃᕐᓇᖅᐳᖅ ᐊᒻᒪ ᐃᓅᔪᓐᓃᕈᑐᐃᓐᓇᕆᐊᖃᕐᓇᓕᑐᓂᑦ.

ᐋᓐᓂᐊᓕᖏᒃᑯᑎᓕᕆᔭᐅᕌᓂᖕᓂᖅ
• ᐊᐅᓚᑦᑐᒪᑐᒍᑦ ᐆᓇᕐᓂᖅ ᐊᒻᒪ ᐋᓐᓂᐊᑐᐊᙱᔾᔨᒥᔪᒪᑐᓂᑦ, ᓂᐊᖁᒃᓯᐅᒥᑦ ᐄᓯᔪᓐᓇᖅᑐᑎᑦ (Tylenol, Tempra) ᐅᕝᕙᓘᓐᓃᑦ ᓂᐊᖁᒃᓯᐅᑦ (Advil, Motrin). ᓱᕈᓯᕐᓄᑦ, ᐄᓯᑎᑉᐸᒡᓗᒍᑦ ᐊᑐᖁᔭᐅᔪᒥᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᖓᓂᑦ ᐄᔭᒐᑯᕕᖕᒋᓂᑦ. ᓂᒡᓕᓇᖅᑐᒧᑦ ᓇᕿᒻᒥᖓᔪᕆᕐᒥᔭᐃᑦ ᐋᓐᓂᐊᐳᐃᕐᑎᕐᒥᓂᐊᕐᒪᑦ ᐊᒻᒪ ᐳᕙᒍᐃᕐᑎᕐᒥᓂᐊᕐᒪᑦ ᑲᐱᔭᐅᕌᖅᑐᖅ.
• Aspirin (ASA) **ᑐᓂᔭᐅᔭᕆᐊᖃᙱᑦᑐᑦ** ᑭᓇᑐᐃᓐᓇᕐᒧᑦ 20 ᑐᖕᓖᓂᑦ ᐊᕐᕌᒍᓕᖕᓄᑦ ᐊᑦᑕᕐᓇᕐᓂᖓᓄᑦ (Reye Syndrome), ᖃᓇᓴᒧᑦ ᓯᕐᐃᔪᓇᖅᑐᖅ ᐊᒻᒪ ᐃᓅᔪᓐᓃᖅᑎᑦᑎᔪᓇᖅᑐᖅ.
• ᐊᑐᕈᕕᒃ ᖃᓄᑐᐃᓐᓇᖅ ᐊᒃᓱᐊᕐᒥᒃ ᖃᓄᐃᓐᓂᕐᓴᐅᓚᐅᖅᑐᓂᑦ ᓱᕐᓗ ᐳᕙᓕᕐᓂᖅ ᖃᓂᒃᑯᑦ/ᐅᖅᑲᒃᑯᑦ, ᐊᒥᕐᓗᓕᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖀᖅᓯᓕᕈᕕᑦ ᐊᑏ ᑐᐊᕕᕐᓇᖅᑐᓕᐊᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᕕᒃᑯᑦ ᐃᖅᑲᐅᒪᓇᖅ.
• ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖁᑎᒃᓴᖃᕈᕕᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᓱᒫᓘᑎᖃᕈᕕᑦ ᖃᓄᐃᓕᐅᖅᑕᐅᔪᓂᑦ ᐋᓐᓂᐊᓕᖏᒃᑯᑎᒧᑦ, ᐅᖃᖃᑎᖃᕆᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᓄᑦ.

Fact Sheet

Tetanus and Diphtheria (Td) Vaccine

What is tetanus?

Tetanus (lockjaw) is a bacteria that can enter through scrapes and cuts, and causes painful tightening of muscles of the body, breathing problems, and occasionally death.

What is diphtheria?

Diphtheria is a bacteria that can cause a serious infection of the nose and throat, and can lead to severe breathing problems.

Who should receive the vaccine?

In Nunavut this booster vaccine is recommended routinely to all adults every 10 years.

This vaccine may also be recommended in Nunavummiut older than 7 years of age who last had a tetanus shot more than 5 years ago and have one of the following injuries:

- Open cuts or wounds contaminated with dirt, feces, or soil.
- Bites (both human and animal)
- Puncture wounds
- Burns or frostbite

What are the benefits of the vaccine?

- It prevents Nunavummiut from getting sick with tetanus and diphtheria.
- Because of immunizations, these diseases are now rare in Canada.

Is the vaccine safe?

Yes. Most people have no side effects or, if they do, they are mild and last no longer than a couple days. Common side effects include:

- Soreness, redness and swelling where the vaccine was given
- Mild fever or tiredness
- Body ache or joint pain

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the vaccine?

Talk to your health care provider if you or your child has any of the following:

- A severe reaction to a previous dose of this or any vaccine.
- An allergy to any ingredient of the vaccine.

What is the risk of not getting the vaccine?

If you or your child does not get all recommended vaccines, he or she is at risk of becoming sick. These diseases can lead to serious complications and even death.

Vaccine After Care

- To control fever and relieve pain or soreness, you can give your child Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle. A cold compress may also be used to relieve pain and swelling at the injection site.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- Any serious side effects such as swelling of the mouth/lips, hives or seizures should be checked out by a healthcare provider immediately.
- If you have any questions, or are concerned about a reaction from any vaccine, talk with your healthcare provider.

Immunization Protocol for Adacel®

Tetanus-Diphtheria-Acellular Pertussis (Tdap)

Purpose	To provide information and guidance for Tdap immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect Nunavummiut from illness caused by diphtheria, tetanus, and pertussis.
Indication	Nunavut's publicly funded Tdap vaccine is offered routinely to: • Children in grade 6. • Adults who have not previously received Tdap vaccine in adulthood. • Pregnant women.
Eligibility	Tdap is publicly funded as a routine booster immunization of tetanus, diphtheria, and acellular pertussis for Nunavummiut who have completed their initial primary series.
Product	Adacel®
Vaccine Type	Inactivated vaccine
Vaccine components	Tetanus Toxoid, diphtheria toxoid, acellular pertussis antigens Aluminum Phosphate, 2-phenoxyethanol Formaldehyde and glutaraldehyde (in trace amounts)
Formats available	Single dose vial or prefilled syringe.
Manufacturer	Sanofi Pasteur Limited
Administration	Intramuscular (IM) injection in the deltoid muscle. The vaccine **should not** be administered into the buttocks. Gently shake the vial well until a turbid white suspension results.
Dose Series	One dose of 0.5 mL to all children in grade 6. One dose of 0.5 mL to any adult without a previous dose of Tdap in adulthood. The Tdap vaccine should be given regardless of when they received their last dose of tetanus or diphtheria. One dose of 0.5 mL to pregnant women with every pregnancy, regardless of the interval from the last dose or last pregnancy. The optimal timing of the vaccine is between 27 and 32 weeks gestation. It may be given as early as 13 weeks gestation or later in the pregnancy if necessary. The vaccine is given in pregnancy to protect the newborn from pertussis.
Booster Dose	After adults have received 1 booster dose of Tdap, subsequent booster immunizations of Tetanus and Diphtheria (Td Adsorbed) are indicated every 10 years.
Vaccine interchangeability	Adacel® can be used interchangeably with Boostrix®. See Boostrix® protocol for guidelines on this product.

Contraindications	• A history of anaphylaxis after previous administration of the vaccine or another vaccine containing one or more of the same components. • A proven history of immediate or anaphylactic hypersensitivity to any component of the vaccine. • A history of Guillain-Barre Syndrome (GBS) within 6 weeks of receiving a tetanus-toxoid containing vaccine. • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine that is not attributable to another identifiable cause. • A previous history of transient thrombocytopenia or neurological complications following an earlier immunization against diphtheria and/or tetanus.
Precautions and Additional Notes	Vaccination should be delayed in individuals with a severe acute febrile illness. Mild illness, such as a cold, is not a reason to delay immunization.
Vaccine Supply and Distribution	Review section on vaccine ordering in the policy and procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in: Anaphylaxis: Initial Management in Non-Hospital Settings, in the Canadian Immunization Guide.
Side Effects	Common side effects include injection-site pain, erythema, and swelling. Other common reactions include fever, headache, body ache, and joint paint. These side effects are usually mild and last no more than 3 to 4 days. Severe reactions, such as high fever, or a serious allergic reaction are very rare. The following reportable reactions may occur rarely following the receipt of vaccines containing pertussis: • Temperature of ≥40.5°C (105°F) within 48 hours • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Tetanus, Diphtheria, and Pertussis Vaccine Fact Sheet

References	1. Adacel® Product Monograph. Sanofi Pasteur Limited. June 11, 2012. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. Public Health Agency of Canada. National Advisory Committee on Immunization, Statement Update on Immunization in Pregnancy with Tetanus Toxoid, Reduced Diphtheria Toxoid and Reduced Acellular Pertussis (Tdap) Vaccine. February 2018. Source: https://www.canada.ca/en/public-health/services/publications/healthy-living/update-immunization-pregnancy-tdap-vaccine.html

Immunization Protocol for BOOSTRIX®

Tetanus-Diphtheria-Acellular Pertussis (Tdap)

Purpose	To provide information and guidance for Tdap immunization in Nunavut. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.
Objective	To protect Nunavummiut from illness caused by diphtheria, tetanus, and pertussis.
Indication	Nunavut's publicly funded Tdap vaccine is offered routinely to: • Children in grade 6. • Adults who have not previously received Tdap vaccine in adulthood. • Pregnant women.
Eligibility	Tdap is publicly funded as a routine booster immunization of tetanus, diphtheria, and acellular pertussis for Nunavummiut who have completed their initial primary series.
Product	BOOSTRIX®
Vaccine Type	Inactivated vaccine
Vaccine components	Tetanus Toxoid, diphtheria toxoid, acellular pertussis antigens Aluminum (as aluminum salts), sodium chloride, water for injection, disodium phosphate, formaldehyde, glutaraldehyde, glycine, monopotassiumphosphate, polysorbate 80, and potassium chloride.
Formats available	Single dose prefilled syringe.
Manufacturer	GlaxoSmithKline Inc
Administration	Intramuscular (IM) injection in the deltoid muscle. The vaccine **should not** be administered into the buttocks. Gently shake the syringe well until a turbid white suspension results.
Dose Series	One dose of 0.5 mL to all children in grade 6. One dose of 0.5 mL to any adult without a previous dose of Tdap in adulthood. The Tdap vaccine should be given regardless of when they received their last dose of tetanus or diphtheria. One dose of 0.5 mL to pregnant women with every pregnancy, regardless of the interval from the last dose or last pregnancy. The optimal timing of the vaccine is between 27 and 32 weeks gestation. It may be given as early as 13 weeks gestation or later in the pregnancy if necessary. The vaccine is given in pregnancy to protect the newborn from pertussis.
Booster Dose	After adults have received 1 booster dose of Tdap, subsequent booster immunizations of Tetanus and Diphtheria (Td Adsorbed) are indicated every 10 years.
Vaccine interchangeability	BOOSTRIX® can be used interchangeably with Adacel®. See Adacel® protocol for guidelines on this product.

Contraindications	• A history of anaphylaxis after previous administration of the vaccine or another vaccine containing one or more of the same components. • A proven history of immediate or anaphylactic hypersensitivity to any component of the vaccine. • A history of Guillain-Barre Syndrome (GBS) within 6 weeks of receiving a tetanus-toxoid containing vaccine. • Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine that is not attributable to another identifiable cause. • A previous history of transient thrombocytopenia or neurological complications following an earlier immunization against diphtheria and/or tetanus.
Precautions and Additional Notes	Vaccination should be delayed in individuals with a severe acute febrile illness. Mild illness, such as a cold, is not a reason to delay immunization.
Vaccine Supply and Distribution	Review section on vaccine ordering in the policy and procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in: Anaphylaxis: Initial Management in Non-Hospital Settings, in the Canadian Immunization Guide.
Side Effects	Common side effects include injection-site pain, erythema, and swelling. Other common reactions include fever, headache, body ache, and joint paint. These side effects are usually mild and last no more than 3 to 4 days. Severe reactions, such as high fever, or a serious allergic reaction are very rare. The following reportable reactions may occur rarely following the receipt of vaccines containing pertussis: • Temperature of ≥40.5°C (105°F) within 48 hours • Collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours. • Persistent crying lasting ≥3 hours within 48 hours. • Convulsions with or without fever within 3 days.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the DH website (www.gov.nu.ca/health) Tetanus, Diphtheria, and Pertussis Vaccine Fact Sheet

References	1. BOOSTRIX® Product Monograph. GlaxoSmithKline Inc. March 5, 2018. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php 3. Public Health Agency of Canada. National Advisory Committee on Immunization, Statement Update on Immunization in Pregnancy with Tetanus Toxoid, Reduced Diphtheria Toxoid and Reduced Acellular Pertussis (Tdap) Vaccine. February 2018. Source: https://www.canada.ca/en/public-health/services/publications/healthy-living/update-immunization-pregnancy-tdap-vaccine.html

Fact Sheet

Tetanus-Diphtheria-Acellular Pertussis (Tdap) Vaccine

What is diphtheria?
Diphtheria is a bacteria that can cause a serious infection of the nose and throat, and can lead to severe breathing problems.

What is tetanus?
Tetanus (lockjaw) is a bacteria that can enter through scrapes and cuts, and causes painful tightening of muscles of the body, breathing problems, and occasionally death.

What is pertussis (whooping cough)?
Pertussis is a bacteria that can cause serious infection of airways, causing pneumonia, brain damage, or even death. Babies and young children are most at risk for complications.

Who should receive the vaccine?
In Nunavut this booster vaccine is recommended for all children and adults. It is given routinely in high school (between 14 to 16 years of age) and once in adulthood.

What are the benefits of the vaccine?
- It prevents Nunavummiut from getting sick with diphtheria, tetanus, and whooping cough.
- Because of immunizations, these diseases are now rare in Canada.

Is the vaccine safe?
Yes. Most people have no side effects or, if they do, they are mild and last no longer than a couple days. Common side effects include:
- Soreness, redness and swelling where the vaccine was given
- Mild fever or tiredness
- Headache or irritability

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.* Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the vaccine?
Talk to your health care provider if you or your child has any of the following:
- A severe reaction to a previous dose of this or any vaccine.
- An allergy to any ingredient of the vaccine.
- Currently pregnant.

What is the risk of not getting the vaccine?
If your child does not get all recommended vaccines, he or she is at risk of becoming sick. These diseases can lead to serious complications and even death.

Vaccine After Care
- To control fever and relieve pain or soreness, you can give your child Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle. A cold compress may also be used to relieve pain and swelling at the injection site.
- Aspirin (ASA) should **NOT** be given to anyone under 20 years of age due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- Any serious side effects such as swelling of the mouth/lips, hives or seizures should be checked out by a healthcare provider immediately.
- If you have any questions, or are concerned about a reaction from any vaccine, talk with your healthcare provider.

Feuille de renseignements

Vaccin contre la diphtérie, la coqueluche acellulaire et le tétanos (dcaT)

Qu'est-ce que la diphtérie?
La diphtérie est une bactérie qui peut causer une infection grave du nez et de la gorge pouvant engendrer de graves problèmes respiratoires.

Qu'est-ce que le tétanos?
Le tétanos est une bactérie qui peut pénétrer par des égratignures et des coupures et causer des spasmes musculaires douloureux, des problèmes respiratoires et occasionnellement la mort.

Qu'est-ce que la coqueluche?
La coqueluche est une bactérie qui peut engendrer une infection grave des voies respiratoires, causant la pneumonie, des dommages au cerveau ou même la mort. Les nourrissons et les enfants en bas âge sont le plus à risque d'être victimes de complications.

Qui devrait recevoir le vaccin?
Au Nunavut, ce vaccin de rappel est recommandé pour tous les enfants. Il est administré systématiquement au niveau secondaire (de 14 à 16 ans) et une fois rendu à l'âge adulte.

Quels sont les avantages du vaccin?
- Il empêche les Nunavummiut d'avoir le tétanos, la diphtérie et la coqueluche.
- En raison des immunisations, ces maladies sont maintenant rares au Canada.

Est-ce que le vaccin est sécuritaire?
Oui. La plupart des personnes n'ont aucun effet secondaire ou, si elles en ont, ils sont mineurs et ne durent que quelques jours. Les effets secondaires communs incluent :

- Douleur, rougeur et enflure à l'endroit où le vaccin a été administré
- Fièvre légère ou fatigue
- Mal de tête ou irritabilité

Peu importe le vaccin, il y a toujours une très faible chance que se produise une réaction allergique grave appelée *anaphylaxie.* Les symptômes d'un choc anaphylactique sont l'urticaire, les éruptions, le gonflement ou l'enflure de la bouche et la difficulté à respirer. Ce type de réaction se produit habituellement dans les 15 minutes suivant l'administration d'un vaccin. **Il est recommandé de demeurer à la clinique pendant 15 minutes à la suite de l'administration du vaccin**. L'anaphylaxie peut être traitée et tout professionnel de la santé est formé pour traiter ce genre de réaction.

Qui devrait discuter avec un professionnel de la santé avant de recevoir le vaccin?
Mentionnez-le au professionnel de la santé si l'une des situations suivantes s'applique à vous ou à votre enfant :
- Une réaction grave suite à une dose précédente de ce vaccin ou de tout autre vaccin.
- Une allergie à tout ingrédient contenu dans le vaccin.
- Vous êtes enceinte.

Quel est le risque lié au fait de ne pas recevoir le vaccin?
Si vous ou votre enfant ne recevez pas tous les vaccins recommandés, vous êtes à risque de tomber malades. Ces maladies peuvent mener à des complications graves allant jusqu'à la mort.

Soins après la vaccination
- Afin de contrôler la fièvre et de soulager la douleur ou les courbatures, vous pouvez donner à votre enfant de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Administrez à votre enfant la quantité recommandée par le professionnel de la santé ou celle indiquée sur la bouteille. Une compresse d'eau froide peut également être utilisée pour soulager la douleur et l'enflure au point d'injection.
- L'aspirine (ASA) ne devrait **JAMAIS** être administrée à toute personne de moins de 20 ans en raison du risque d'apparition du syndrome de Reye, qui peut causer des dommages permanents au cerveau et la mort.
- Tout effet secondaire important, tel que le gonflement ou l'enflure de la bouche ou des lèvres, l'urticaire ou des convulsions, devrait être examiné immédiatement par un professionnel de la santé.
- Si vous avez des questions ou êtes inquiet par une réaction due à un vaccin, consultez un professionnel de la santé.

Naunaitkut Titiraq
Tetanus-Diphtheria-Acellular Pertussis (Tdap)

Hunauva hamna aannirut diphtheria?
Diphtheria aannialaqinnaqtuq iggialirnaqpiaktuq qingangnutlu, aannirnirlirnakpiaktuqlu anikhaaktariami ayurnaqhitivaktuq.

Hunauva hamna aannirut tetanus?
Tetanus (((lockjaw) agliruup niqinginnik aannirut) agliruup niqinginnik aannirut) aannialaqinnaqtuq timimut kilirnikkut itiqtaaktuq, nukingnut hukatirnaqtumik ulurianaqpiaktuq, arnirlirnaqtuqlu, tuqungnaqtuqlu .

Hunauva hamna aannirut pertussis ((whooping cough) qallaqyuarniq)?
Pertussis aannialaqinnaqtuq puvvangnut anirnirmutlu, nimuuniarnaqtuq, qaritaanut hungiutinnaqtuqlu, tuqunnaqtuqlu. Mirayait nutarannuanutlu hakugikpiaqtuq aannialaqinnaqtuq.

Kinatkut kapiyaullavat kappunmik?
Nunavunmi una kappiquyauyut havaunmik tamaita nutaqqaatlu inirnitlu. Kappiyauvaktut angayukhiit ilihaqtut (ukiuqaqtunut 14-16-nik) atauhirmik inirnirnguqtillugit.

Hunauvat ikayurningit uuma kapputikhap?
- Nunavunmiunut ikayuutit aanniaqrutinit diphtheria-mit, tetanus-mit, unalu (whooping cough) qallaqyuarniq.
- Kappuutinit hapkunanga, hapkuat aanniarutit tammakpalliayut Kanatami.

Kappuutit qayangnaitpat?
Hii, Amihut Inuit hullaqiyuitut. Mihingnakaffukpaktut malrungni uplungni. Hapkuat ilauvaktut:
- Mihingnaktuq, aupayarniq puvinniq kapinirmi
- Kitjavyangnik uvallunnit unaguuhurniq
- Niaquqliunaqtuq uvaluuniit quvianaingayuq

Kapuutinit tamainit, ilanginut allujingnaqtuq tainia imatut *anaphylaxis.* Anaphylaxis pipillangnit uviningmi, uviniklarniq, qannirmi puvittuq, aannirhaaqtariami aannirniklurniq. Hapkuat mihingnakhiinnaqpaktut kapiyaulihakhuni 15 minitmi. **Munarhiqarvingmit aanniyukhaungitutit kapiyauguvit 15 minitmi.** Anaphylaxis allujiguvit havaktauniaqtutit munakhinit ayuikharhimayunit.

Kinatkut uqaqatiyakhaat munakhit kapiyaunatik?
Uqaqatiyakhaat munakhit nutaqqaat hapkuninga pihimakpat:
- Allujikhimakpat hivuani umanga kappunmit allanitluuniit kapputinit.
- Allujikhimakpat hivuani ilagiyanit kappunmit.
- Hingaiyaukpat.

Qanuritniaqqa kapiyaungitpat kappunmik?
Ilvit nuttaratluuniit kapputikhamingnik kappiyauhimaitkumi, ilvit, angut arnaqluuniit aannialaqiniaktun. Hapkuat aanniarutit hakugikpiaktut tuqunnakhutiklu.

Kappinianik Munaqhitikhat
- Kitjaqqat uluriahukpatlu, niaquqhiutituqtitlugu nutaqqanut Niaquqhiunmik (Tylenol, Tempra) ukualluuniit Ibuprofen (Advil, Motrin). Nutaqqanut, niaquqhiunmik anktilakhanik tunilugu naunaikhimayumit. Niklaqtaqlugu kinipayumut taullanuamut kappiniagullu.
- Aspirin (ASA) utuqqait niaquqhiutit **tuniyakhaungitut** nutaqqanut nukakhiuyunut 20-nik ukiuqangittunut Reye Syndrome, aanniaruhirnaitumik qaritamut hungiutillayuq tuqunnakhunilluuniit.
- Allujikpatta hapkuninga qannia/umilruuk puvitpanik, uvinia pupillakpat qiqiliqqat agitihaktauyukhaq munahinut.
- Appikhutikhaqarupfi, uvaluuniit ihumalutiqaruvit kappiniagut kappunmit, hivayaklugit munakhit.

ᓇᓗᓇᐃᖅᑎᖅᓯᒪᔪᑦ

ᐊᒡᓕᕿᑉ ᓄᑭᖕᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ-ᐃᒡᒋᐊᕐᓘᖕᓂᖅ-ᖁᐃᖅᓱᕐᔪᐊᕐᓇᖅᑐᖅ (Tdap) ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᓇᓗᓇᐃᖅᑎᖅᓯᒪᔪᑦ

ᑭᓱᓲ ᐃᒡᒋᐊᕐᓘᖕᓂᖅ?

ᐃᒡᒋᐊᕐᓘᖕᓂᖅ ᖁᐱᕇᐊᕐᔪᐃᑦ ᒪᒥᓴᒃᓭᐅᕗᖅ ᐊᒻᒪᑎᕈᑕᐅᔪᓐᓇᕐᒪᕆᒃᑯᓂᑦ ᕿᖕᒐᒃᑯᑦ ᐊᒻᒪ ᐃᒡᒋᐊᒃᑯᑦ, ᐊᒻᒪ ᐊᓂᖅᑎᕆᒡᒐᓕᕐᓇᕐᒪᕆᒃᑯᓂᑦ.

ᑭᓱᓲ ᐊᒡᓕᕿᑉ ᓄᑭᖕᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ?

ᐊᒡᓕᕿᑉ ᓄᑭᖕᖏᓐᓂᒃ ᐋᓐᓂᐊᖅ (lockjaw) ᖁᐱᕇᐊᕐᔾ ᒪᒥᓴᒃᓭᐅᕗᖅ ᐳᓚᔾᓇᖅᑐᖅ ᕿᓱᒃᓯᒪᓂᒃᑯᑦ ᐊᒻᒪ ᑭᓕᖅᓯᒪᓂᒃᑯᑦ, ᐊᒻᒪ ᐋᓐᓂᐊᕐᓇᖅᑐᒥᒃ ᓄᕿᒃᑯ ᓱᑲᑦᑕᕐᓇᖅᑯᓂᑦ ᑎᒥᒃᑯᑦ, ᐊᓂᖅᑎᕆᑦᑎᐊᕐᓇᙱᕐᑯᓂᑦ, ᐊᒻᒪ ᖃᑯᑎᒃᑯ ᐃᓅᔾᔪᓐᓃᕈᑕᐅᙵᕐᑯᓂᑦ.

ᑭᓱᓲ ᖁᐃᖅᓱᕐᔪᐊᕐᓇᖅᑐᖅ?

ᖁᐃᖅᓱᕐᔪᐊᕐᓇᖅᑐᖅ ᖁᐱᕇᐊᕐᔪᐃᑦ ᒪᒥᓴᒃᓭᐅᕗᖅ ᐊᒻᒪᑎᕐᓂᖅᓯᒪᓇᒍᓐᓇᖅᑯᓂᑦ ᐊᓂᖅᑎᕆᔾᔪᑎᕐᓂᑦ, ᐳᕙᒡᓗᓕᕐᓇᖅᑯᓂᑦ, ᖃᓇᓴᒃᑯᑦ ᓱᕋᖕᓇᖅᑯᓂᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᓅᔾᔪᓐᓃᕐᓇᖅᑯᓂᑦ. ᕿᑐᕐᖓᓛᑦ ᐊᒻᒪ ᓱᐳᓰᑦ ᐊᑦᑕᕐᓇᖅᑑᓚᖑᕗᑦ ᐊᔾᔨᕐᓇᖅᑑᓕᕐᓂᕐᒥᒃ.

ᑭᓇ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᑲᐱᔭᐅᓪᓗᐊᖅᐸ?

ᓄᓇᕗᒻᒥ ᑖᓐᓇ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎ ᐊᑐᖅᑯᔭᐅᕗᖅ ᑕᒪᐃᓐᓄ ᓱᕈᓯᕐᓄᑦ ᐊᒻᒪ ᐃᓐᓇᕐᓄᑦ. ᑐᓂᔭᐅᓰᑦ ᖃᑯᖖᒍᕋᖓᑦ ᖁᑦᑎᖕᓂᖅᓴ ᐃᓕᓐᓂᐊᕐᕕᖕᒥᑦ (14ᒥᑦ 16ᒧᑦ ᐊᑯᓐᓂᖓᓂᑦ ᐊᕐᕌᒍᓖᑦ) ᐊᒻᒪ ᐊᑕᐅᓯᐊ ᐃᓐᓇᕈᕈᑎᒃ..

ᑭᓲᑦ ᐊᑑᑎᖕᒋᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᐅᑉ?

- ᓄᓇᕗᒻᒥᐅᓂᑦ ᐋᓐᓂᐊᓕᖅᑎᑦᑎᑕᐃᓕᓲᖅ ᐃᒡᒋᐊᕐᓘᖕᓂᕐᒥᒃ, ᐊᒡᓕᕿᑉ ᓄᑭᖕᖏᓐᓂᒃ ᐋᓐᓂᐊᕐᓂᕐᒥᒃ, ᐊᒻᒪ ᖁᐃᖅᓱᕐᔪᐊᕐᓇᖅᑐᕐᒥᒃ.
- ᐱᔾᔪᑎᒋᓪᓗᒍᑦ ᑲᐱᔭᐅᖃᑦᑕᕐᓂᑦ, ᑕᒪᒃᑯᐊ ᖃᓂᒪᓐᓇᐃᑦ ᑕᑯᔭᐅᓚᔪᙱᑦᑐᑦ ᑲᓇᑕᒥᑦ.

ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᐅᔪᖅ ᐊᑦᑕᕐᓇᙱᓛ?

ᐃᖅ. ᐊᒥᓱᑦ ᐃᓄᐃ ᖃᓄᐃᓐᓂᓴᐅᓚᐧᒃᑐᓂᑦ ᐊᑐᖅᐸᙱᑦᑐᐃᑦ ᐅᕝᕙᓘᓐᓃᑦ, ᐊᑐᕈᑎᒃ, ᐊᒃᓱᐊᓘᖕᒋᑦᑐᑦ ᐊᒻᒪ ᒪᕿ ᐅᓪᓘᖕᓂᑦ ᑐᖕᓕᓂᐅᕙᒃᑯᓂᑦ. ᖃᓄᐃᓐᓂᓴᐅᓚᐧᒃᑐᑦ ᒪᑯᐊᖑᕗᑦ:

- ᐃᒃᐱᖕᓂᓂᖅ, ᐊᐅᐸᖅᓯᓂᖅ ᐊᒻᒪ ᐳᕙᓕᕐᓂᖅ ᑲᐱᔭᐅᕝᕕᒋᔭᖅᑕᖕᒐᒍᑦ
- ᐆᓇᕐᓂᖅ ᐅᕝᕙᓘᓐᓃᑦ ᑦᑲᖕᒐᓂᖅ
- ᓂᐊᖁᙳᓂᖅ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓗᕐᓇᙱᓐᓂᖅ

ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᓕᒫᓂᒃ, ᐊᑦᑎᒃᑐᒻᒪᓇᖕᒥᑦ ᐊᑐᑐᐃᓐᓇᓇᐊᓕᒃ ᑎᒥᐅᑉ ᐱᐅᒋᙵᒋᒻᒪᓇᒃᑕᖕᒐᓂᑦ ᑕᐃᔭᐅᔪᖅ ᑎᒻᒥᐅᑉ ᓈᒻᒪᒋᙱᑦᑕᖕᒐᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᓂᖅ. ᑎᒻᒥᐅᑉ ᓈᒻᒪᒋᙱᑦᑕᖕᒐᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᓂᖅ ᓴᖅᑮᔭᓲᖑᕗᖅ ᐅᕙᓂᒡᓗᖕᓂᑐᑦ, ᐊᒥᕐᓗᖕᓂᖅ, ᐳᕙᓐᓂᖅ ᖃᓂᕐᒥᑦ, ᐊᒻᒪ/ᐅᕝᕙᓘᓐᓃᑦ ᐊᓂᖅᑎᕆᒡᒐᕐᓂᖅ. ᑕᒪᓐᓇ ᐊᑐᖅᑕᐅᓲᖅ 15 ᒥᓇᑦ ᐃᓗᐊᓂᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒥᑦ ᑲᐳᖅᑕᐅᓚᐅᖅᑎᑦᑐᒍᑦ. ᑕᐃᒪᐃᒻᒪᑦ, **ᐋᓐᓂᐊᕐᕕᖕᒥᒃᑲᓐᓂᓚᐅᑲᖁᔭᐅᕗᑎᑦ 15 ᒥᓇᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᑲᐳᖅᑕᐅᓚᐅᖅᑎᑦᑐᑎᑦ**. ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᓕᒻᒪᒃᓴᖅᓯᒪᔪᖅ ᑲᒪᒋᔭᖃᕐᓂᕐᒧᑦ ᑎᒻᒥᐅᑉ ᓈᒻᒪᒋᙱᑦᑕᖕᒐᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᓂᖅᒧᑦ.

ᑭᓇ ᐅᖃᖃᑎᖃᕐᓗᐊᖅᐸ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᒐᓄᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ ᑲᐱᔭᐅᓚᐅᙱᓐᓂᖕᒐᓂᑦ?

ᐅᖃᐅᑎᓗᒍᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓇᓚᐊᖕᓂᑐᐃᓐᓇᖅ ᒪᑯᓂᖕᒐ ᐊᑐᕐᓂᒌᒍᕕᑦ:

- ᑎᒦᑦ ᓈᒻᒪᒋᔭᖅᒐᖏᒪᓇᓚᐅᕈᓂᑦ ᑭᖑᓪᓕᕐᒥᑦ ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᑎᑦ ᑕᒪᑐᒧᖓ ᐅᕝᕙᓘᓐᓃᑦ ᓇᓚᐊᖕᓂᑐᐃᓐᓇᖅ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒥᑦ.
- ᑎᒦᑦ ᓈᒻᒪᒋᔭᖅᒐᖏᒃᑯᓂᑦ ᓇᓚᐊᖕᓂᑐᐃᓐᓇᖅ ᐃᓚᒃᓴᓇᔭᐅᔪᒥᒃ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᐅᔪᒥᑦ.
- ᓯᖕᒐᐃᒍᕕᑦ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᖅᑑᓐᓇᖅᐸ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒥᒃ ᑲᐱᔭᐅᓚᐅᕐᓗᓂᑦ?

ᐃᕝᕙᑦ ᓘᓐᓃᑦ ᕿᑐᕐᖓᐃᑦ ᓘᓐᓃᑦ ᐊᑕᖏᕐᓗᒋᑦ ᐊᑐᖅᑯᔭᐅᔪᓂᒃ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᓯᙵᕐᒃᑯᓂᑦ, ᐊᑦᑕᕐᓇᖅᑐᒦᑉᐳᑎ, ᐊᑦᑕᕐᓇᖅᑐᒦᑉᐳᖅ ᐋᓐᓂᐊᓕᓇᐊ. ᑕᒪᒃᑯᐊ ᖃᓂᒪᓃᑦ ᐊᔾᔨᕐᓇᖅᑑᓕᑐᐃᓐᓇᓇᐊᖃᖅᑲᖅᐳᖅ ᐊᒻᒪ ᐃᓅᔾᔪᓐᓃᑐᐃᓐᓇᓇᐊᖃᓇᑦᑐᓂᑦ.

ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᓕᓇᔭᐅᕋᓂᖕᓂᖅ

- ᐊᐅᓚᑦᑐᒪᓗᒍᑦ ᐆᓇᕐᓂᖅ ᐊᒻᒪ ᐋᓐᓂᐊᓗᐊᙱᖅᐋᒥᔪᒪᓗᓂᑦ, ᓂᐊᖁᖅᓯᐅᒻᒥᑦ ᐃᓱᔪᓐᓇᖅᑐᑎᑦ (Tylenol, Tempra) ᐅᕝᕙᓘᓐᓃᑦ ᓂᐊᖁᖅᓯᐅᑦ (Advil, Motrin). ᓱᕈᓯᕐᓄᑦ, ᐃᓯᑎᑉᐸᒡᓗᒍᑦ ᐊᑐᖁᔭᐅᔪᒥᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᒐᓂᑦ ᐃᔭᕼᑯᕕᖕᒐᓂᑦ. ᓂᒡᓚᓇᖅᑐᒧᑦ ᓇᕿᒻᒥᖕᒐᔪᓐᓇᕐᒥᔭᐃᑦ ᐋᓐᓂᐊᑭᓐᓃᕐᐋᒥᓂᐊᕐᒪᑦ ᐊᒻᒪ ᐳᕕᒍᓐᓃᕐᐋᒥᓂᐊᕐᒪᑦ ᑲᐱᔭᐅᓛᖅᑐᖅ.
- Aspirin (ASA) **ᑐᓂᔭᐅᔭᓇᐊᖅᑲᖏᑦᑐᑦ** ᑭᓇᑐᐃᓐᓇᕐᒧᑦ 20 ᑐᖕᓕᓂᑦ ᐊᕐᕌᒍᓕᖕᓄᑦ ᐊᑦᑕᕐᓇᕐᓂᖕᒐᓄᑦ (Reye Syndrome), ᖃᓇᓴᒧᑦ ᓱᕋᐃᔪᓐᓇᖅᑐᖅ ᐊᒻᒪ ᐃᓅᔾᔪᓐᓃᖅᑎᑦᑎᔪᓐᓇᖅᑐᖅ.
- ᐊᑐᕈᕕᒃ ᖃᓄᑐᐃᓐᓇᖅ ᐊᖏᔪᒥᒃ ᖃᓄᐃᓐᓂᓴᐅᓚᐧᒃᑐᓂᑦ ᓰᕐᓗ ᐳᕙᓕᕐᓂᖅ ᖃᓂᒃᑯᑦ/ᐅᖅᑲᒃᑯᑦ, ᐊᒥᕐᓗᓕᕈᕕᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖀᖅᓯᓕᕈᕕᑦ ᐊᑏ ᑐᐊᕕᕐᓇᖅᑐᓕᐊᓇᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᕝᕕᖕᒧᑦ ᐃᖅᙳᕐᓇᖅ.
- ᖃᓄᑐᐃᓐᓇᖅ ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᐃᓱᒫᓗᑎᖃᕈᕕᑦ ᖃᓄᐃᔾᔭᑕᐅᔪᓄᑦ ᐋᓐᓂᐊᓕᓐᓂᒃᑯᑎᒧᑦ, ᐅᖃᖅᑎᖃᓚᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᖕᓄᑦ.

Immunization Protocol for TUBERSOL®

Tuberculin Skin Test (TST)

Purpose	To provide information and guidance for the use of Tuberculin Skin Test (TST) in Tuberculosis (TB) screening in Nunavut. Always refer to the product monograph or insert for specific information.
Objective	To provide direction on the use of PPD in TB screening.
Indication	TUBERSOL® is publically funded in Nunavut as a screening tool for TB. See eligibility section below for more information.
Eligibility	All Nunavummiut > 2 months of age (who have not previously had a positive (>10 mm) Tuberculin skin test (TST) or have had TB before) requiring screening for Tuberculosis.
Product	TUBERSOL®
Vaccine Type	Diagnostic Antigen to aid in the detection of infection with *Mycobacterium tuberculosis.*
Vaccine components	Purified protein derivative of *M. tuberculosis* Polysorbate 80, Phenol, in sterile isotonic phosphate buffered saline.
Formats available	Bioequivalent to 5 US units (TU) PPD-S per test dose (0.1 mL) is available in the following presentations: Vial – 1 mL (5 TU per 0.1 mL test dose) Vial – 5 mL (5 TU per 0.1 mL test dose)
Manufacturer	Sanofi Pasteur Limited
Administration	Intradermal (ID) injection to the volar aspect of the left forearm.
Dose Series	5 Tuberculin units (TU) per test dose of 0.1 mL.
Booster Dose	Not applicable
Vaccine interchangeability	Not applicable
Contraindications	Known hypersensitivity to TUBERSOL® or any components of the formulation or container. Individuals who have had a severe reaction (e.g. necrosis, blistering, anaphylactic shock or ulcerations) to a previous tuberculin skin test (TST). Individuals with documented active tuberculosis or a clear history of treatment for TB infection or disease. Individuals with extensive burns or eczema, due to a greater likelihood of adverse reactions or severe reactions.
Precautions and Additional Notes	Previous BCG vaccination is not a contraindication to tuberculin testing. TUBERSOL® may be used as an aid in the diagnosis of tuberculosis infection in persons with a history of BCG vaccination. The repeated testing of uninfected persons does not sensitize them to tuberculin. Tuberculin skin testing (TST) can be done on the same day as live attenuated vaccines (MMR, Varicella, Flumist), or it should be delayed by at least 4 weeks. There is no interaction between inactivated vaccines and PPD. TST should be deferred for patients with major viral infections. Minor illnesses, such as colds, are not a reason to defer testing. Reactivity to the test may be depressed or suppressed in persons who are receiving corticosteroids or immunosuppressive agents.

	False positive TSTs may occur in individuals who have been infected with other mycobacteria, including vaccination with BCG. However, a diagnosis of *M. tuberculosis* infection and the use of preventative therapy should be considered for any BCG-vaccinated person who has a positive tuberculin skin-test reaction, especially if the person has been, or is at, increased risk of acquiring TB infection. **False negative** TSTs may occur in the following cases: • Individuals with impaired immunity • Infants < 6 months of age - their immune systems may be immature. • Improper storage of the tuberculin material (exposure to light or heat) • Contamination, improper dilution, or chemical denaturation of the tuberculin material • Injection of too small a volume of tuberculin or an injection made too deeply (should be intradermal) • Administration more than 20 minutes after drawing up into the syringe • Errors in reading or recording the TST • Infections (eg. Advanced active TB, bacterial infections, HIV infection, viral infections) • Recent (within 4 weeks) vaccination with a live vaccine. • Individuals on immune suppressing medications • The elderly • Individuals with metabolic illnesses • Individuals with diseases of lymphoid organs Since tuberculin sensitivity may take up to 8 weeks to develop following exposure to *M. tuberculosis* persons who have a negative tuberculin test immediately following possible exposure should be retested ≥8 weeks following the initial test.
Vaccine Supply and Distribution	Regional pharmacy is responsible for territorial vaccine supply and distribution. Vaccine should be ordered and distributed in accordance with recommended practice.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. Protect from light. A vial of TUBERSOL® which has been opened can be stored in the original package between 2° to 8°C. Mark on the vial the date which it has first been opened and discard remaining product 30 days after opening. DO NOT FREEZE. Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis, as found in: Anaphylaxis: Initial Management in Non-Hospital Settings, found in the Canadian Immunization Guide.
Side Effects	Induration at the TUBERSOL® injection site is the expected reaction for a positive skin test. Common side effects at the site of injection include: pain, pruritus, discomfort, erythema, rash and are not indications of a positive skin test. Rare side effects include: injection site hemorrhage, hematoma, ulceration, necrosis or scarring, pyrexia, generalized rash, and hypersensitivity/anaphylactic reactions.
Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. The Nunavut policy is: • Adverse Events Following Immunization (AEFI) should be used **only** for the reporting of serious adverse events following immunization. The form is available online at: Adverse Event Following Immunization (AEFI) Form

	• The Unusual Occurrence Report should be used for reporting medication errors and other events. The report can be found in the Nunavut Community Health Nursing Administration Manual, Policy 05-004. A copy of the incident report must be faxed to RCDC. If there is an AEFI **and** a vaccination error, both AEFI and Unusual Occurrence Report forms should be completed. All completed forms should be faxed to RCDC at the numbers listed below: Qikiqtaaluk: 867-975-4833; Kitikmeot: 867-983-4088; Kivalliq: 867-645-8272
Vaccine Coverage and Reporting	Under development.
Documentation	All TSTs given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable). Anyone with a positive TST should have a TB assessment done and follow-up testing as per Nunavut guidelines.
Materials and Resources	Tubersol Fact Sheet
References	1. TUBERSOL® Product Monograph. Sanofi Pasteur Limited. July 13, 2012. 2. Public Health Agency of Canada and Canadian Lung Association/Canadian Thoracic Society. (2013). *Canadian Tuberculosis Standards*. (7th ed.). Ottawa Source: http://www.respiratoryguidelines.ca/tb-standards-2013 3. Government of Nunavut. *Nunavut TB Control and Elimination Manual.*

Fact Sheet
Tuberculin Skin Test (TST)

What is Tuberculin Skin Test (TST)?

TST is a test that can detect if your body has been exposed to a *mycobacterium* and is used in Nunavut to screen for Tuberculosis (TB).

This test mimics the TB germ, but it is not the actual TB germ and will not make you sick. A small amount of PPD is inserted under the skin of your forearm using a tiny needle.

48 – 72 hours after the test has been given, your health care provider will ask you to return for a reading of the test.

Who should receive this test?
The TST can be given to any Nunavummiut older than 2 months of age who need screening for Tuberculosis and have not previously had a positive skin test or have had TB before.

For infants between 2 and 6 months of age the skin test may be falsely negative and the infant may need further tests to make sure they do not have TB infection, if they are symptomatic or at high risk for TB.

What are benefits of this test?
It can detect if a person has been exposed to the TB germ.

Is the test safe?
Yes. Common side effects include pain, itchiness, redness, and rash. Rarely, the TST can cause fever, bruising or bleeding, ulceration, or scarring. Many people have no side effects at all from the test.

There is a very rare chance of a severe allergic reaction called *anaphylaxis*. Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving the test. **It is recommended you stay in the clinic for 15 minutes after getting the PPD test**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the test?
Tell your health care provider if you have had any of the following:

- Severe allergic reaction to a previous skin test. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing, and/or necrosis, blistering or ulceration at the site of injection.
- Allergy to any ingredient of the test.
- Previously diagnosed or treated for TB in the past.
- Extensive burns or eczema.
- You currently have a major viral illness.

What is the risk of not getting the test?
If you have been recommended to receive test it is because of your risk of having TB. TB can be treated and testing is important.

Tuberculin Skin Test (TST) After Care

- Please remember to return to your health care provider between 2 to 3 days after receiving the test. If you do not return within that timeframe, the test will need to be repeated.
- If you experience pain, itchiness, redness or rash, you can apply a cold compress to your arm to relieve these symptoms. These symptoms do not mean that you have TB. **DO NOT** cover the site with a bandage or tape, as this can interfere with the results of the test. **DO NOT** scratch the site.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the test, talk with your health care provider.

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ᐳᕙᓪᓗᓐᓇᒧᑦ ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᓂᕐᒧᑦ ᑐᑭᓯᒋᐊᕈᑎ

ᑭᓲᒻᒪ ᐳᕙᓪᓗᓐᓇᒧᑦ ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᓂᖅ?

ᐳᕙᓪᓗᓐᓇᒧᑦ ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᓂᖅ ᖃᐅᔨᓴᕐᓂᐅᔪᖅ ᓇᓗᓇᐃᖅᓯᓲᖑᓪᓗᓂ ᑎᒥᑦ ᓴᖅᑭᕙᐅᓯᒪᒻᒪᖔᖅ ᖁᐱᕐᕈᐊᕐᔪᐊᓂᒃ ᓱᕈᖅᑎᕐᑎᓱᓂᒃ ᐊᒻᒪᓗ ᓄᓇᐅᑉ ᐊᑐᖅᑕᐅᓲᖑᓪᓗᓂ ᓇᓗᓇᐃᖅᓯᓇᓱᓐᓂᕐᒥᑦ ᐳᕙᓪᓗᓐᓇᒥᒃ.

ᑖᓐᓇ ᖃᐅᔨᓴᕈᑎ ᐃᔾᔪᐊᖅᓯᓲᖅ ᐳᕙᓪᓗᓐᓇᐅᑉ ᖁᐱᕐᕈᐊᕐᔪᖕᒋᓐᓂᒃ, ᑭᓯᐊᓂ ᐳᕙᓪᓗᓐᓇᐅᑉ ᖁᐱᕐᕈᐊᕐᔪᓪᓚᑦᑖᕋᓂᖏᑦᑕᖏᑦ ᐋᓐᓂᐊᓕᕈᑎᒋᔾᔭᙱᑦᑕᐃ. ᒥᑭᔪᒥᑦ ᖃᐅᓯᔭᕈᑎᒥᑦ ᐅᕙᓂᐅᑉ ᐊᑖᓅᖅᓯᓲᖅ ᑕᓕᒃᑯᑦ ᑲᐳᑎᕋᓛᒧᑦ.

48ᓂᒃ 72ᓄᑦ ᐃᑲᕐᕋᐃᑦ ᐊᓂᒍᐸᑕ ᖃᐅᔨᓴᖅᑕᐅᓯᒋᐊᖅᑎᓪᓗᑎ, ᐋᓐᓂᐊᖅᑐᓕᕆᔨᒋᔭᐃᑦ ᐅᑎᕐᑯᔾᔨᓂᐊᖅᑐᖅ ᑕᑯᓐᓂᐊᕐᒪᒍ ᖃᐅᔨᓴᖅᑕᐅᕙᕆᔭᐃ.

ᑭᓇ ᑖᑦᓯᒥᖓ ᖃᐅᔨᓴᖅᑕᐅᒋᐊᖃᕐᒪ?

ᑖᓐᓇ ᐳᕙᓪᓗᓐᓇᒧᑦ ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᓂᖅ ᐊᑐᖅᑕᐅᔪᓐᓇᖅᑐᖅ ᑭᓇᑐᐃᓐᓇᕐᒧᑦ ᓄᓇᖃᕐᒥᐅᑕᕐᒧᑦ ᑕᕝᕘᒃ ᒪᕐᕉᒃ ᐅᖓᑖᓄᑦ ᐅᑭᐅᓕᒻᒥ ᖃᐅᔨᓴᖅᑕᐅᔭᕆᐊᖃᖅᐸᑦ ᐳᕙᓪᓗᓐᓇᒧᑦ ᑭᖑᓂᐊᒍᓪᓗ ᓇᓗᓇᐃᖅᑕᐅᓚᖅᓯᒪᙱᑉᐸᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᖅᑲᓇᐊᖓ ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᕈᑎᒃᑯᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐳᕙᓪᓚᐅᖅᓯᒪᙱᑉᐸᑦ.

ᐱᐊᕋᕐᓄᑦ ᑕᖅᑭᖅᑲᖅᑐᓄᑦ 2 ᐊᒻᒪ 6 ᐊᑯᓐᓂᖓᓂ ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᕈᑎᖓ ᓇᓗᓇᐃᖅᓯᙱᑐᐃᓐᓇᓇᐊᓕᒃ ᑕᒻᒪᖅᓯᒪᔪᒃᑯᑦ ᐱᐊᕋᕐᓗ ᖃᐅᔨᓴᖅᑕᐅᒃᑲᓐᓂᑐᐃᓐᓇᓇᐊᓕᒃ ᓇᓗᓇᐃᖅᓯᓪᓚᑦᑖᕐᓂᕐᒥᑦ ᐳᕙᓪᓗᙱᒃᑲᓗᐊᕐᒪᖔᖅ, ᐋᓐᓂᐊᕈᑕᐅᕐᑲᑦᑕᖅᑐᓂᒃ ᓴᖅᑮᔭᖅᑐᖅᑲᖅᐸᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᓪᓚᓇᒃᐸᑕ ᐳᕙᓪᓗᓐᓇᖅᑐᖅᑖᕐᓂᕐᒥᑦ.

ᑭᓯ ᐊᑑᑎᖃᕐᒪᑕ ᑖᑦᓯᒧᖓ ᖃᐅᔨᓴᕈᑎᒧᑦ?

ᓇᓗᓇᐃᖅᓯᔪᓐᓇᖅᑐᖅ ᐃᓄᒃ ᓴᖅᑭᕙᐅᓯᒪᓂᕐᒪᖔᖅ ᐳᕙᓪᓗᓐᓇᐅᑉ ᖁᐱᕐᕈᐊᕐᔪᖓᓂᒃ.

ᖃᐅᔨᓴᕈᑎ ᐊᑦᑕᕐᓇᙱᓚ?

ᐄ. ᑲᐱᔭᐅᓚᐅᖅᑎᓪᓗᒍ ᐊᑐᖅᑕᐅᒐᔪᓐᓂᑦ ᐃᓚᖅᑲᖅᑐᑦ ᐋᓐᓂᐊᕐᓂᕐᒥᑦ, ᐅᖏᓚᓐᓂᕐᒥᑦ, ᐊᐅᐸᓐᓂᕐᒥᑦ, ᐊᒻᒪᓗ ᐅᕙᓂᕐᓗᖕᓂᕐᒥᑦ. ᑕᐃᒪᐃᒐᔪᙱᒃᑲᓗᐊᖅᑐᓂ, ᑖᓐᓇ ᐳᕙᓪᓗᓐᓇᒧᑦ ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᕈᑎ ᐆᑎᕐᓇᓕᖅᑎᑦᑎᑐᐃᓐᓇᓇᐊᓕᒃ, ᑎᓪᓘᔭᓕᖅᑎᑦᑎᓗᓂ ᐅᕝᕙᓘᓐᓃᑦ ᐊᐅᓈᓕᕐᓗᓂ, ᐊᒻᒪᓂᖅᑲᓕᕐᓂᕐᒥᑦ, ᐅᕝᕙᓘᓐᓃᑦ ᕿᓕᕈᖅᑖᕐᓗᓂ. ᐃᓄᒋᐊᒃᑐᑦ ᖃᓄᐃᔾᔪᑎᖃᖃᑦᑕᙱᑦᑐᑦ ᖃᐅᔨᓴᕈᑎᐅᔪᒥᑦ.

ᓴᙱᔪᐊᓗᕐᒥᑦ ᑎᒥ ᓈᒻᒪᒃᓴᙱᑐᐃᓐᓇᓇᐊᓕᒃ ᑖᓐᓇ ᑕᐃᔭᐅᓲᖑᓪᓗᓂ ᑎᒻᒥᐅᑉ ᓈᒻᒪᒋᙱᑦᑕᖕᒪᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖅ. ᑎᒻᒥᐅᑉ ᓈᒻᒪᒋᙱᑦᑕᖕᒪᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖅ ᓴᖅᑭᓲᖑᓪᓗᓂ ᐱᖑᔭᐅᓗᑎᑦ, ᐊᐅᐸᕐᓂᒃᑲᕐᓗᓂ, ᖃᓂᒃᑯᑦ ᐳᓪᓚᕐᓗᓂ, ᐊᒃᓯᕈᕐᓗᓂ ᐊᓂᖅᓵᖅᑐᕐᓂᕐᒥᑦ. ᑕᐃᒪᐃᑦᑐᖅ ᓴᖅᑭᓲᖑᓪᓗᓂ 15 ᒥᓂᑦᓰᑦ ᐋᓐᓂᐊᓕᓃᒃᑯᓯᖅᑕᐅᓚᐅᖅᑐᓂ. **ᐋᓐᓂᐊᕕᖕᒦᓪᓗᑎᑦ 15 ᒥᓂᑦᓯᓄᑦ ᐳᕙᓪᓗᓐᓇᒧᑦ ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᖅᑎᓪᓗᑎ.** ᑎᒥᐅᑉ ᓈᒻᒪᒋᙱᑦᑕᖕᒪᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖅ ᑲᒪᒋᔭᒃᓴᐅᖕᒪᑦ ᐊᒻᒪᓗ ᐋᓐᓂᐊᖅᑐᓕᕆᔨ ᐃᓚᓐᓂᐊᖅᓯᒪᓪᓗᓂ ᑲᒪᒋᔭᖃᕐᓂᕐᒥᑦ.

ᑭᓇ ᐅᖃᖃᑎᖃᓇᐊᖃᕐᒪᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᒥ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᙱᓐᓂᖓᓂ?

ᐋᓐᓂᐊᖅᑐᓕᕆᔨ ᐅᖃᐅᑎᓗᒍ ᐃᒪᐃᑦᑐᒥᑦ ᐊᑐᓚᐅᖅᓯᒪᓂᕈᕕᑦ:

- ᑎᒦᑦ ᓈᒻᒪᒃᓴᙱᑦᑐᒻᒪᓇᐅᓚᐅᖅᓯᒪᓂᖅᐸᑦ ᑭᖑᓂᐊᓂ ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᕈᑎᒥᑦ. ᓈᒻᒪᒃᓴᙱᖅᔪᐊᕐᓂᑦ ᐃᓚᖅᑲᖅᑐᑦ ᐊᓂᖅᑎᓇᓂᖓ ᓄᕙᖅᑲᖅᐸᓪᓕᑎᓗᓂ, ᖃᑎᒐᒃᑯᑦ ᓯᒃᑲᓂᖅ, ᐃᒡᕆᐊᒃᑯᑦ ᓯᒥᒍᔾᔨᖅᑯᔾᔨᓂᖅ ᐊᒻᒪᓗ ᐊᒃᓯᕈᕐᓂᖅ ᐊᓂᖅᑎᓇᓂᕐᒥᑦ ᐄᓯᓂᕐᒥᓘᓐᓃᑦ ᐊᒻᒪ/ᐅᕝᕙᓘᓐᓃᑦ ᐆᒪᔾᔪᑎᕙᓃᑦ, ᐃᒻᒪᒃᓯᒪᓚᕐᓂᖅ ᐊᒻᒪᓄᓘᓐᓂ ᑲᐱᔭᐅᕙᒃᑯᑦ.
- ᑎᒥᖓ ᓈᒻᒪᒃᓴᙱᑉᐸᑦ ᖃᐅᔨᓴᕈᑎᐅᑉ ᐃᓚᒃᓴᖓᓂ.
- ᑭᓄᓂᐊᒍᑦ ᓇᓗᓇᐃᖅᑕᐅᓚᖅᓯᒪᓂᖅᐸᑦ ᐅᕝᕙᓘᓐᓃᑦ ᒪᒥᓴᖅᑕᐅᓚᖅᓯᒪᓂᖅᐸᑦ ᐳᕙᓪᓗᓐᓇᒧᑦ.
- ᐆᓐᓂᓕᐊᓘᑉᐸᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᕙᓂᕐᓗᒃᐸᑦ.
- ᒫᓐᓇᐅᔪᖅ ᖁᐱᕐᕈᐊᕐᔪᖕᓂᒃ ᐃᓅᓕᓴᐅᒃᓴᐅᙱᑦᑐᓂᒃ ᐋᓐᓂᐊᕐᑲᕈᕕᑦ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᒪ ᖃᐅᔨᓴᖅᑕᐅᙱᑦᑐᓂ?

ᖃᐅᔨᓴᖅᑕᐅᖁᔭᐅᓯᒪᔫᕕᑦ ᑕᐃᒪᐃᑦᑐᖅ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓂᕐᓄᑦ ᐳᕙᓪᓗᓐᓇᒥᒃ. ᐳᕙᓪᓗᓐᓂᖅ ᒪᒥᓴᕙᑦᓴᐅᔪᖅ ᐊᒻᒪᓗ ᖃᐅᔨᓴᖅᑕᐅᓂᖅ ᐱᒻᒪᕆᐅᓪᓗᓂ.

ᐅᕙᓂᒃᑯᑦ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᖅᑐᓂ ᐳᕙᓪᓗᓐᓇᒧᑦ ᖃᓄᐃᓕᐅᓇᐊᖅᑲᕐᓂᖅ

- ᐃᖅᑲᐅᒪᑦᑎᐊᕋᓱᐊᕐᓗᑎ ᐅᐸᒃᑲᓐᓂᕐᓗᒍ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᐅᔪᖅ ᐅᓪᓗᐃᑦ ᒪᕐᕉᒃ ᐱᖓᓱᓄᑦ ᐊᓂᒍᐸᑕ ᖃᐅᔨᓴᖅᑕᐅᓯᒪᓕᖅᑎᓪᓗᑎ. ᐅᑎᕐᕕᒋᙱᒃᑯᕕᒋᑦ ᐅᓪᓗᖕᒋᓐᓂᒃ ᑕᐃᑲᓂ, ᖃᐅᔨᓴᕈᑎ ᐱᒋᐊᖅᑕᐅᒃᑲᓐᓂᕐᓂᐊᖅᑐᖅ.
- ᐃᑉᐱᒍᓯᓕᕈᕕᑦ ᐋᓐᓂᐊᕐᓂᕐᒥᑦ, ᐅᖏᓚᓕᕐᓂᕐᒥᑦ, ᐊᐅᐸᓐᓂᕐᒥᑦ, ᐅᕙᓂᕐᓗᓕᕐᓂᕐᒥᓘᓐᓃᑦ, ᓂᓪᓚᓇᖅᑐᒥᑦ ᐃᓪᓚᓇᕝᕙᕆᓗᒍ ᑕᓪᓛᑦ ᑕᒪᒃᑯᓂᖓ ᐃᑉᐱᓐᓂᐊᙳᕐᔫᒥᓂᐊᕐᓴᐃᑦ. ᑕᒪᒃᑯᐊ ᓴᖅᑭᑦᑐᑦ ᓇᓗᓇᐃᒃᑯᑕᐅᙱᑦᑐᑦ ᐳᕙᓪᓚᓐᓇᖅᑲᖅᒪᖔᖅᐱᑦ. **ᐃᒪᐃᓕᐅᙱᓪᓗᑎᑦ** ᑲᐱᔭᐅᕝᕕᕕᓃᑦ ᒪᑦᑐᓯᓕᖅᑕᐃᓕᒍᒃ ᐅᕝᕙᓘᓐᓃᑦ ᓂᐱᐅᓯᖅᑕᐃᓕᒍᒃ, ᐊᕙᐊᕈᑕᐅᔪᓐᓇᕐᒪᑦ ᖃᐅᔨᓴᕈᑎᐅᑉ ᖃᓄᐃᓕᖕᒋᓂᓇᓴᖕᒋᓗᓄᑦ. ᑲᐱᔭᐅᕝᕕᕕᓃᑦ **ᑯᒥᑦᑕᐃᓕᒍᒃ.**
- ᐊᑲᐅᙱᒋᓕᐅᕈᑎᖃᓕᕈᕕᑦ ᓲᕐᓗ ᖃᓂᒃᑯᑦ ᐳᓪᓚᓕᕈᕕᑦ, ᐱᖑᔭᖃᕈᕕᑦ ᖀᖅᓯᓕᕈᕕᓪᓘᓐᓃᑦ ᑐᐊᕕᕐᓇᖅᑐᓕᐊᑲᐅᑎᒋᓗᑎᑦ ᐋᓐᓂᐊᕕᓕᐊᑲᐅᑎᒋᓗᑎᓘᓐᓃᑦ.
- ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ, ᐃᓱᒫᓗᑎᖃᕈᕕᑦ ᖃᓄᐃᓕᔾᔪᑕᐅᔪᒥᑦ ᖃᐅᔨᓴᕈᑎᒧᑦ, ᐋᓐᓂᐊᖅᑐᓕᕆᔨ ᐅᖃᐅᑎᒋᓗᒍ.

Fiche de renseignement

Le test cutané à la tuberculine (TCT)

Qu'est-ce que le test cutané à la tuberculine (TCT)?

Le TCT est un test pouvant détecter si votre corps a été exposé à une *mycobactérie*, que l'on emploie au Nunavut pour effectuer le dépistage de la tuberculose.

Ce test imite le microbe causant la tuberculose, mais il ne vous rendra pas malade, car il ne s'agit pas du véritable microbe. Une petite quantité de PPD est insérée sous la peau de votre avant-bras au moyen d'une toute petite aiguille.

Votre fournisseur de soins de santé vous demandera de retourner après 48 à 72 heures suivant l'administration du test pour évaluer les résultats.

Qui devrait recevoir ce test?

Le TCT peut être administré à tous les Nunavummiuts âgés de plus de 2 mois, qui devront subir un test de dépistage de la tuberculose et qui n'ont pas déjà obtenu un test cutané positif ou qui n'ont pas déjà contracté la tuberculose.

Pour les enfants de 2 à 6 mois, le test cutané peut donner un résultat faussement négatif. Si l'enfant présente des signes ou un fort risque de contracter la tuberculose, il pourrait avoir à subir d'autres tests afin de vérifier s'il est infecté.

Quels sont les avantages de ce test?

Il peut détecter si une personne a été exposée au microbe causant la tuberculose.

Le test est-il sécuritaire?

Oui. Les effets secondaires courants sont notamment la douleur, les démangeaisons, les rougeurs et les éruptions cutanées. Dans de rares cas, le TCT peut causer la fièvre, des ecchymoses ou du saignement, de l'ulcération ou de la cicatrisation. De nombreuses personnes n'éprouvent aucun effet secondaire découlant du test.

Il existe une très faible probabilité de subir une réaction allergique grave, nommée *anaphylaxie*. L'anaphylaxie se manifeste sous forme d'urticaire, d'éruption cutanée, d'enflure à la bouche et de difficulté à respirer. Ce type de réaction survient typiquement dans les 15 minutes suivant la réception du test. **Il est donc recommandé que vous restiez à la clinique pendant 15 minutes après la réception du TCT.** L'anaphylaxie se traite, et votre fournisseur de soins de santé est formé pour la traiter.

Qui devrait parler à son fournisseur de soins de santé avant de recevoir le test?

Informez votre fournisseur de soins de santé si :

- Vous avez déjà subi une réaction allergique grave à un test cutané reçu dans le passé, par exemple : respiration sifflante, serrement de poitrine, constriction de la gorge et difficulté à respirer ou à avaler, et/ou nécrose, formation de cloques ou ulcération au lieu d'injection;
- Vous êtes allergique à l'un des ingrédients du test;
- On a déjà diagnostiqué la tuberculose chez vous, ou vous avez déjà été traité pour cette maladie.
- Vous avez subi des brûlures importantes ou vous êtes atteint d'eczéma;
- Vous êtes actuellement atteint d'une maladie virale grave.

Quels sont les risques auxquels on s'expose en ne subissant pas le test?

Si l'on vous a recommandé ce test, c'est parce que vous êtes à risque de contracter la tuberculose. La tuberculose peut être traitée, et le dépistage est essentiel.

Test cutané à la tuberculine (TCT) : post-traitement

- N'oubliez pas de retourner voir votre fournisseur de soins de santé après deux à trois jours suivant la réception du test. Si vous n'y retournez pas dans ce délai, le test devra être effectué de nouveau.
- Si vous éprouvez de la douleur, des démangeaisons, de la rougeur ou une éruption cutanée, vous pouvez appliquer une compresse froide sur votre bras pour soulager ces symptômes. Ces symptômes ne signifient pas que vous avez la tuberculose. **NE COUVREZ PAS** le site du test avec un pansement ou du ruban adhésif, puisque ceux-ci pourraient interférer avec les résultats du test. **NE GRATTEZ PAS** le site du test.
- Si vous éprouvez des effets secondaires graves, comme de l'enflure à la bouche ou aux lèvres, de l'urticaire ou des crises, veuillez immédiatement vous rendre au service des urgences ou au centre de santé le plus près de chez vous.
- Si vous avez des questions ou des inquiétudes relatives à une réaction au test, veuillez en parler à votre fournisseur de soins de santé.

Ammigiiyukhauyut Titiqan'nungakhimayut

(Tuberculin) Uvinikmun Ihiviukgutikhautikhak(TST)

Hunauyuq tamna (Tuberculin) Uvinikmi Ihiviukgutikhak (TST)?

(TST) imalu ihiviukgutikhak qanuqtunmi ilituqgipkaiyuktuq talvuna aaniakguunikhimayunik (*mycobacterium) aaniakgut* unalu imalu atuktauvaktuq talvani Nunavunmi ihiviuktukhanik tapfumuna Tuberculosis (TB) Aaniakgut.

Una ihiviukgutikhak idjjuakhiiyuutut tapfumuna(TB) aaniakgutimik atuklutik ihiviukhinnahuakgumik, qihimi aaniakgutaulluangunggituq (TB) aaniakgut imalu aanialakipkalimaittatin. Aah mikkanuamik ilikgivaktun (PPD) havautikhak taliingmun qapiyauyukhak.

48 – 72 nik ikkangninik ahiagut ihiviukhikhimaguvit, munakhigiiyangnik qaitkuufaakhunguyaatit ihiviuklugu qapukhikniit.

Qina pidjutiggiyakhaa tapfumuna ihiviukgutikhamut?

Tamna (TST) ihiviukgutikhak qitulikaak pidjutigittakta Nunavummiuni ukiulgit avvatkuhimayunik malruknik tatkikhiutinik ihiviuktaukarriakgumi talvuna (Tuberculosis) aaniakgut imalu pilgammikhimangitkumik piitumik ihiviukhikhimayuq uvinniagut nalliak (TB) ihiviukgutikhak hivuagut.

Tapfumuna mirraanun malruknik talvungalu arvinilikmun taatkikhiutiliknik ukiungit tamna ihiviukgutikhak uvinniktigut immaitunauhuqungnakman ihuinnakgutiyuqqamik ihiviuqguutit imalu ihiviuktauffalikpangmiyuttauk (TB) Aaniakgut, imalu aaniakgunikhimannauhuqungnaktuq nalliak hivugakgiiyauliktun tapfuminga (TB) Aaniakgutimik.

Qanuqtun ihuaqutauniaqaa talvuna ihiviukgutikhautikhamut?

Imalu naunnaitgutitaktuq inuk aanialakiyaunnaugiiyauyuq tapfuminga (TB) aaniakgutimik.

Imalu ihiviukgutikhak hivuqgannaitpa?

Hii. Tamna inggatatkiyauvaktuq avvatini kidjaktirralutiklu, ququulaqigalutiklu, auppadjilakiihunguyuq, unalu ammiglikgaalutiklu. Pikkatayuituq, tamna (TST) Ihiviukgutikhak kidjaktirralutiklu, puatuuliiyalakivaktunlu nalliak aunnalakijuutivaktuqlu, timimi qillautivaktuqlu, nalliak qillikguulliutivaktuqlu. Ammigaittun inuin huullakiyuitun ihiviukhikganggamik.

Tammainun imalu pikkatayuituq hivukgannaqtumik ammigliknaqtumik aaniakgutimik (*anaphylaxis) aaniakgut hugyaiyuktuq puvitpaktut.* (Anaphylaxis) Aaniakgut hugyaiyuktuq puvvitpaktut, ammiglikgallutik, puvitikpaktun uumilgutiggut, aiyukhalikhutik aannikhaakgiami. Tapfumuna aiyyungnaktuq puvitiknik naunnaiyuktuq tajjaguinak (15 minutes) ublukhiutim qayuumiktuanggani qapukhiktum qapukhikhimayum. **Imalu pidjutikarriakaktutit talvaniilaklutit (15 minutes) ublukhiutim qayuumiktuangani qapukhikgaikhimaguvit tapfumuna (PPD) ihiviuktgutikhautikhamut**. (Anaphylaxis) Aaniakgut qanuqmi aaniakruttaiktaktaan unalu ayuikhakhimayun munakhit aaniakguttaiguutiiyuktunlu.

Qina uqaqatigiiyakhaa munakhilikiyiitkut hivvuagut havautituqaaqtinnagit?

Uqaqlugu munakhigiiyangnik ikayuqtiggiyaknik pidjutikakhimavakkuvit uk'kungninga:

- Hivuqgannakpiaktuq ammiglikgangat talvuna havautittuqtittaugulmiktitaugangami uvinnia ihiviukhiktum. Hivuqgannakpiaktuq hapquatlu attayut aaniinglikgallutik, huukkatikhuni qattikqangni, iggiangaa uumiktikhunilu aiyuqhalikhuni aanikhaakgiamini nalliak iihiyamilu /nalliak mihiknaiggutiyuktuq, quupillakivaktullu uvvinia nalliak timimi puuttujuutivaktuq ihiviukhiktum.
- Ammiglikhuni talvuna havautiliukhimayumut ihiviukgutikhamik.
- Pilgamikhimavin aaniakgutimik nalliak havautituqtitaulgammikhimavit tapfumuna(TB) Aaniakgunikhimavakpin qanggakgaluk.
- Uutikpiakpakpaa uvinniit nalliak ammigliuktuttuqanguqhimavit uviniit.
- Aaniakgutikakin tajja hivugannaktumik.

Huna imalu hivugannakniakpa pinggitkupqu ihiviukgutikhautikhak?

Talvuna pitquyauhimaguvit ihiviukgutikhamik imalu hivukgaakgiyauliktutitlunin aaniakgutimik tapfuminga (TB) Aaniakgutimik. (TB) Aaniakgut tamna aaniakguttaiktaktaan imalu ihiviukhiknikmun ipikgiyangnaktuq.

Tuberculin Uvinikmun Ihiviukgutikhautikhak (TST) Naquuhivaliayum

- Tapfumuna puiguktaillutit talvungauffajjavutit munakhilikiyiikunun malruknik pingattiunmilunin ihiviukhikhimayakgaikhimaguvit. Upautingitkuvit talvuna, tamna ihiviukguutikhak pidjutigivfakhungyaan.
- Ulukgiahulikguvit, quuqquliullikguvit, aupadjilakiguvit nalliak ammiglikguvitlunin, allaqgutimik niglaumayumik ulukgiahukyuaknaitumik mihhigimalikguvit. Talvuna tuutkiingatjutiit pidjutikangitutit aaniakgutimik(TB) Aaniakgut. **PIDJUTIKGITAILUGU** ilikgitailugu mattuhiktailugulu nalliak nipittigutimiklunin, imalu ihuikguttihunguyuq tapfuminga ihiviukhikhimayumit. **PIDJUTIKGITAILUGU** qittuqtailugu tapfumuna ihiviukhikhimannianun.
- Ilihimalikguvit hivuqgilikguvit puvitilikguvit tapfumuna qanniit/uumilgukitlu, ammiglikguvit nalliak kiikilikguvitlunin takuyaktuklugit munakhiit qilamiuklutit.
- Ilvit apikuutikaruvit, nalliak nallukhalikguvitlunin ammiglikguvitlunin havautinit, uqaqviggilugu munakhiit.

Immunization Protocol for Varilrix®

Varicella

Purpose	To provide information and guidance for varicella immunization in Nunavut for providers. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.	
Objective	To protect all Nunavummiut from the diseases and potential health complications of the varicella-zoster virus.	
Indication	Nunavut's publicly funded program is offered to all children in Nunavut.	
Eligibility	All children ≥ 12 months of age as per scheduling listed below. Also the following susceptible adults are eligible: • Non-immune health care workers (eg. workers who have negative VZG serology, or lack lab-documented evidence of previous disease) • Women who have negative VZG serology at prenatal screening, immunization should be done in the postnatal period.	
Product	Varilrix®	
Vaccine Type	Live attenuated vaccine	
Vaccine components	Live attenuated varicella zoster virus (Oka strain). Amino acids, lactose, mannitol, sorbitol, neomycin sulphate, and water for injection.	
Formats available	The product is provided as a vial of lyophilized vaccine. The ampoule of diluent (sterile water for injection) is provided separately. Ensure diluent is made by the same manufacturer.	
Manufacturer	GlaxoSmithKline Inc.	
Administration	Subcutaneous (SC) injection in the outer aspect of the upper arm. The vaccine must be reconstituted only with the diluent from the same manufacturer, resulting in a light peach coloured solution.	
Dose Series	**Dose**	**Schedule**
Routine dosing for children who will not receive MMRV	0.5ml	2 doses given routinely at 12 months and 18 months of age
Non-immune health care workers and non-immune women in postnatal period	0.5ml	2 doses, 6 weeks apart
Booster Dose	Not Applicable	
Vaccine interchangeability	It is recommended that the same Varicella vaccine be used to complete the schedule unless there are unavoidable barriers (e.g., the vaccine used for the first dose is not available).	
Contraindications	• Anaphylactic reaction to a previous dose of Varicella vaccine. • Previous anaphylactic reaction to any component of the vaccine. • Impaired immune function. Please consult with RCDC and attending physician in cases where an individual is immunocompromised. • Active, untreated tuberculosis	

	• Pregnancy. Counsel female recipients to avoid pregnancy for 1 month following immunization • Vaccination should be delayed in individuals on antiviral medication, such as acyclovir. Consult RCDC and attending physician. If a recipient has received Immune Globulin products (including RabIg, HBIg, TIg, RhIg) or Blood products within the last 11 months, the Varicella vaccine should be held until further consultation with RCDC. Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization.
Precautions and Additional Notes	Consult RCDC and attending pediatrician for individuals currently being treated with salicylates prior to giving Varicella vaccine. The manufacturer recommends avoidance of salicylate use for six weeks after Varicella immunization because of an association between wild-type varicella, salicylate therapy and Reye's syndrome. Attending pediatricians should weigh the theoretical risks associated with varicella vaccine against the known risks associated with wild-type varicella infection and children and adolescents with conditions requiring chronic salicylate therapy should be considered for immunization, with close subsequent monitoring. Varicella vaccine can be given concurrently with other vaccines using separate syringes at separate sites. Varicella vaccine can be given concurrently with other live vaccinations (e.g. MMR, BCG) or should be separated by an interval of at least 4 weeks. Tuberculin skin testing (TST) can be done on the same day as the Varicella vaccine, or it should be delayed for at least 4 weeks. Varicella-containing vaccines may exacerbate tuberculosis (TB) symptoms and are contraindicated in individuals with active, untreated TB as a precautionary measure. Consult RCDC if any child is being investigated or treated for active TB prior to giving the vaccine. Children who have had lab-confirmed varicella infection prior to 1 year of age should still receive the varicella vaccine series. Children who have had lab-confirmed varicella after 1 year of age do not require the varicella vaccine series.
Vaccine ordering	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. **Protect from light.** **DO NOT FREEZE.** Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	Very common (10% or more): Injection site redness and/or pain, fever. Common (3% - 5%): A varicella-like rash at the injection site or generalized after the first dose. Usually appears within 5 to 26 days after immunization. Uncommon (0.1% - < 1%): lymphadenopathy, arthralgia, myalgia.

Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual. Additionally, an Adverse Events Following Immunization (AEFI) form should be filled out for: • All children who develop varicella of ≥ 50 lesions within 7 to 21 days of vaccination. • All children who have a febrile seizure within 30 days of vaccination.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the Government of Nunavut Department of Health website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Chicken Pox (Varicella) Vaccine Fact Sheet
References	1. Varilrix ® Product Monograph. GlaxoSmithKline Inc. August 11, 2017. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Immunization Protocol for VARIVAX®III

Varicella

Purpose	To provide information and guidance for varicella immunization in Nunavut for providers. Refer to the Canadian Immunization Guide (CIG), product monograph, or insert for specific information.	
Objective	To protect all Nunavummiut from the diseases and potential health complications of the varicella-zoster virus.	
Indication	Nunavut's publicly funded program is offered to all children in Nunavut.	
Eligibility	All children ≥ 12 months of age as per scheduling listed below. Also the following susceptible adults are eligible: • Non-immune health care workers (eg. workers who have negative VZG serology, or lack lab-documented evidence of previous disease) • Women who have negative VZG serology at prenatal screening, immunization should be done in the postnatal period.	
Product	VARIVAX® III	
Vaccine Type	Live attenuated vaccine	
Vaccine components	Live attenuated varicella zoster virus (Oka/Merck strain). Sucrose, hydrolyzed gelatin, urea, sodium chloride, monosodium L-glutamatae, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride, water for injection	
Formats available	The product is provided as a sterile lyophilized white powder in a single-dose vial. The diluent is a sterile, clear, colourless fluid supplied separately in a single-dose vial. Ensure diluent is made by the same manufacturer.	
Manufacturer	Merck Canada Inc.	
Administration	Subcutaneous (SC) injection in the outer aspect of the upper arm. The vaccine must be reconstituted only with the diluent from the same manufacturer, resulting in a clear, colourless to pale yellow liquid.	
Dose Series	**Dose**	**Schedule**
Routine dosing for children who will not receive MMRV	0.5ml	2 doses given routinely at 12 months and 18 months of age
Non-immune health care workers and non-immune women in postnatal period	0.5ml	2 doses, 6 weeks apart
Booster Dose	Not Applicable	
Vaccine interchangeability	It is recommended that the same Varicella vaccine be used to complete the schedule unless there are unavoidable barriers (e.g., the vaccine used for the first dose is not available).	
Contraindications	• Anaphylactic reaction to a previous dose of Varicella vaccine. • Previous anaphylactic reaction to any component of the vaccine. • Impaired immune function. Please consult with RCDC and attending physician in cases	

	where an individual is immunocompromised. • Active, untreated tuberculosis • Pregnancy. Counsel female recipients to avoid pregnancy for 1 month following immunization • Vaccination should be delayed in individuals on antiviral medication, such as acyclovir. Consult RCDC and attending physician. If a recipient has received Immune Globulin products (including RabIg, HBIg, TIg, RhIg) or Blood products within the last 11 months, the Varicella vaccine should be held until further consultation with RCDC. Vaccination should be delayed in those with a severe acute febrile illness. Mild illnesses, such as a cold, are not a reason to delay immunization.
Precautions and Additional Notes	Consult RCDC and attending pediatrician for individuals currently being treated with salicylates prior to giving Varicella vaccine. The manufacturer recommends avoidance of salicylate use for six weeks after Varicella immunization because of an association between wild-type varicella, salicylate therapy and Reye's syndrome. Attending pediatricians should weigh the theoretical risks associated with varicella vaccine against the known risks associated with wild-type varicella infection and children and adolescents with conditions requiring chronic salicylate therapy should be considered for immunization, with close subsequent monitoring. Varicella vaccine can be given concurrently with other vaccines using separate syringes at separate sites. Varicella vaccine can be given concurrently with other live vaccinations (e.g. MMR, BCG) or should be separated by an interval of at least 4 weeks. Tuberculin skin testing (TST) can be done on the same day as the Varicella vaccine, or it should be delayed for at least 4 weeks. Varicella-containing vaccines may exacerbate tuberculosis (TB) symptoms and are contraindicated in individuals with active, untreated TB as a precautionary measure. Consult RCDC if any child is being investigated or treated for active TB prior to giving the vaccine. Children who have had lab-confirmed varicella infection prior to 1 year of age should still receive the varicella vaccine series. Children who have had lab-confirmed varicella after 1 year of age do not require the varicella vaccine series.
Vaccine ordering	Review section on vaccine ordering in the Policy and Procedure section of the Nunavut Formulary.
Storage	Store in monitored vaccine refrigerator between 2°C and 8°C. **Protect from light.** **DO NOT FREEZE.** Freezing destroys the active components of the vaccine. Segregate damaged product keeping the cold chain protocol and inform RCDC and regional pharmacy.
Consent	Consent forms must be reviewed and signed by the client or parent/guardian prior to vaccination.
Anaphylaxis	Review the principles of the emergency management of anaphylaxis in the Nunavut Immunization Manual Section 3 (3.7). Further information can be found in the Anaphylaxis section of the Canadian Immunization Guide.
Side Effects	Very common (10% or more): Injection site redness and/or pain, fever. Common (3% - 5%): A varicella-like rash at the injection site or generalized in vaccine recipients after the first dose. Usually appears within 5 to 26 days after immunization. Uncommon (0.1% - < 1%): lymphadenopathy, arthralgia, myalgia.

Reportable Adverse Events/Side Effects	Report all serious adverse events requiring medical attention, unusual/unexpected events, or medication errors to RCDC. Review section 3.5 in the Nunavut Immunization Manual. Additionally, an Adverse Events Following Immunization (AEFI) form should be filled out for: • All children who develop varicella of ≥ 50 lesions within 7 to 21 days of vaccination. • All children who have a febrile seizure within 30 days of vaccination.
Vaccine Coverage and Reporting	Under development.
Documentation	All immunizations given should be documented on the Immunization Card, chart, personal immunization record, and electronic record (where applicable).
Materials and Resources	All protocols and materials are available on the Government of Nunavut Department of Health website (www.gov.nu.ca/health) Nunavut Communicable Disease and Surveillance Manual Chicken Pox (Varicella) Vaccine Fact Sheet
References	1. VARIVAX®III Product Monograph. Merck Canada Inc. April 7, 2016. 2. Public Health Agency of Canada. Canadian Immunization Guide – Evergreen Edition (2012). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Fact Sheet
Varicella (Chickenpox) Vaccine

What is Chickenpox?
Chickenpox is a viral disease that results in an itchy red blister rash all over the body. It is spread from one person to another by coughing, sneezing, through saliva, as well as direct contact from weeping blisters.

Most cases of chickenpox are limited to the rash, but complications include skin infections, pneumonia, encephalitis and even death. Those who have had the disease can get shingles later in life.

For unimmunized pregnant women, varicella infection can cause severe birth defects or miscarriage.

Who should receive the vaccine?
The chickenpox vaccine is routinely given to all children at 15 months of age.

What are benefits of the vaccine?
It protects Nunavummiut from getting sick with chickenpox and reduces the risk of getting shingles in adulthood.

It protects the community and those most at risk of complications from infection.

Is the Chickenpox vaccine safe?
Yes. The most common side effects are a fever and a chickenpox like rash at the needle site. This normal reaction happens 1 to 3 weeks after receiving the vaccine, lasts no more than a couple days, and indicates that your body is making antibodies to varicella. There may also be some redness and pain at the needle site. Many people have no side effects at all from the vaccine.

With all vaccines, there is a very rare chance of a severe allergic reaction called *anaphylaxis.*

Anaphylaxis appears as hives, rash, swelling of the mouth, difficulty breathing. This type of reaction typically occurs within 15 minutes of receiving a vaccine. **It is recommended you stay in the clinic for 15 minutes after getting any vaccine**. Anaphylaxis can be treated and your healthcare provider is trained to treat it.

Who should talk with their healthcare provider before getting the Chickenpox vaccine?
Tell your health care provider if you have any of the following:

- Severe allergic reaction to a previous dose of a vaccine. Severe reactions include wheezing, chest tightness, throat constriction and difficulty breathing or swallowing.
- Allergy to any ingredient of the vaccine.
- Pregnancy
- Taking anti-viral medications or medications containing aspirin
- Any recent vaccines or blood product administration.
- Any medical condition, treatment or medications that make you less able to fight off infections.

What is the risk of not getting the Chickenpox vaccine?
Chickenpox still exists in Canada and throughout the world. Without the recommended chickenpox vaccine you are at risk of getting this disease. You are also more likely to get shingles infection later in life.

Chickenpox Vaccine After Care

- To control fever and relieve pain or soreness, you can take Acetaminophen (Tylenol, Tempra) or Ibuprofen (Advil, Motrin). For children, give the amount recommended by your health care provider or on the bottle.
- Aspirin (ASA) should **NOT** be within 6 weeks of receiving the Varicella vaccine due to the risk of Reye Syndrome, which can cause permanent brain damage and death.
- If you experience any serious side effects such as swelling of the mouth/lips, hives or seizures please visit your emergency department or health center immediately.
- If you have any questions, or are concerned about a reaction from the vaccine, talk with your health care provider.

Fiche de renseignements

Vaccin contre la varicelle

Qu'est-ce que la varicelle?

La varicelle est une maladie virale qui cause une éruption cutanée de vésicules sur tout le corps. Elle se transmet d'une personne à une autre par la toux, les éternuements et la salive, ainsi que par le contact direct avec les vésicules suintantes d'une personne infectée.

Dans la plupart des cas, les effets indésirables de la varicelle se limitent à l'éruption cutanée, mais dans certains cas, il peut y avoir des complications telles que des infections de la peau, la pneumonie, l'encéphalite, voire la mort. Ceux qui ont contracté la maladie peuvent contracter le zona plus tard dans la vie.

Chez les femmes enceintes non immunisées, une infection à la varicelle peut entraîner des déficiences congénitales graves ou une fausse couche.

Qui devrait recevoir le vaccin?

Le vaccin contre la varicelle est systématiquement donné à tous les enfants de 15 mois.

Quels sont les avantages du vaccin?

Il protège les Nunavummiuts contre la varicelle et réduit le risque qu'ils contractent le zona plus tard dans leur vie adulte.

Il protège la collectivité et les personnes les plus à risque de subir des complications découlant d'une infection.

Le vaccin contre la varicelle est-il sécuritaire?

Oui. Les effets secondaires les plus courants sont : la fièvre et une éruption cutanée semblable à celle causée par la varicelle au site d'injection. Cette réaction normale survient dans une à trois semaines après la réception du vaccin, ne dure qu'au plus quelques jours et indique que votre organisme fabrique des anticorps contre la varicelle. Il peut aussi y avoir un peu de rougeurs au site d'insertion de l'aiguille. De nombreuses personnes n'éprouvent aucun effet secondaire découlant du vaccin.

Comme c'est le cas avec tous les vaccins, il existe une très faible probabilité de subir une réaction allergique grave, nommée *anaphylaxie*. L'anaphylaxie se manifeste sous forme d'urticaire, d'éruption cutanée, d'enflure à la bouche et de difficulté à respirer. Ce type de réaction survient typiquement dans les 15 minutes suivant la réception du vaccin. **Il est donc recommandé que vous restiez à la clinique pendant 15 minutes après la réception d'un vaccin**. L'anaphylaxie se traite, et votre fournisseur de soins de santé est formé pour la traiter.

Qui devrait parler à son fournisseur de soins de santé avant de recevoir le vaccin contre la varicelle?

Informez votre fournisseur de soins de santé si :

- Vous avez déjà subi une réaction allergique grave à un vaccin reçu dans le passé, par exemple : respiration sifflante, serrement de poitrine, constriction de la gorge et difficulté à respirer ou à avaler;
- Vous êtes allergique à l'un des ingrédients du vaccin;
- Vous êtes enceinte;
- Vous prenez des médicaments antiviraux ou des médicaments qui contiennent de l'aspirine;
- On vous a récemment administré un vaccin ou un produit sanguin;
- Votre état de santé, vos traitements ou vos médicaments vous rendent moins apte à combattre les infections.

Quels sont les risques auxquels on s'expose en ne prenant pas le vaccin contre la varicelle?

La varicelle existe toujours au Canada et partout dans le monde. Sans le vaccin contre la varicelle qui vous a été recommandé, vous risquez de contracter la maladie. Vous serez également plus enclins à attraper le zona plus tard dans votre vie.

Vaccin contre la varicelle : post-traitement

- Pour réduire la fièvre et pour soulager la douleur, vous pouvez prendre de l'acétaminophène (Tylenol, Tempra) ou de l'ibuprofène (Advil, Motrin). Pour les enfants, veuillez leur donner la dose recommandée par votre fournisseur de soins de santé ou sur la bouteille.
- Il ne faut **PAS** donner d'aspirine (AAS) à quelqu'un dans les six semaines après la réception du vaccin contre la varicelle, en raison du risque de contracter le syndrome de Reye, qui peut entraîner des blessures permanentes au cerveau, et la mort.
- Si vous éprouvez des effets secondaires graves, comme de l'enflure à la bouche ou aux lèvres, de l'urticaire ou des crises, veuillez immédiatement vous rendre au service des urgences ou au centre de santé.
- Si vous avez des questions ou des inquiétudes relatives à une réaction au vaccin, veuillez en parler à votre fournisseur de soins de santé.

Naunaitkutikhat Titiraq
Varicella (Aupayaalaqipluni Kukulaqiplunilu Uvinia)
Kappuqtuinikkut Kangiqhidjutit Titiraa

Hunauyuq Aupayaalaqipluni Kukulaqiplunilu Uvinia?
Aupayaalaqipluni kukulaqiplunilu uvinia aanniarutauyuq aupatjaqkumi kukulaqiplunilu tamaani uviniani. Hiamittaaqtuq inungmin aadlamun inungmut qalaqtugumi, tadjuqkumi, nuvaamitlu, kahainnagumilu aupadjaaqtumit immaktunit.

Amigaivyaqtut aupayaalaqimaittungnaqhiyut, kihimi ayuqhautiqarniagungnaqhiyut kilaalaqilutik, namuuniaqlutik, puvilaqittaaqtuqlu qaritaqmi huiqtaaqtuqlu. Aanniarutiqaqpaqtaatlu uviniqluqtaaqtut hivuni.

Kapuqtaunggitkumik hinggaiyaqtut, varicella aanniarutaa mirraanggit timikkut ihuirutiniaqtut anggiyumik ilummiutaiqtitaaqtuqluunniit.

Kitkut kapuqhiqtuqhat?
Kapuqhiqtauyuqhat tamaita nutaqqat uqiuqaqtut 15 ni tatkiqhiutini aannialaqiyaittaangginni aupayaalaqinnaittumik kukulaqinnaittumiklu.

Qanuqtut ikayuqtauniaqqik kapuqtaunitigut?
Aanniaqtailidjutauyuq Nunavunmiunut taamna anniarut aupayaalaqipluni kukulaqiplunilu uvinia imaalu ikayuutauniaqtuqlu aanniarunmit uviniqluqtaaqtunik inirninggugumik.

Aanniaqtailidjutauyuq nunallaamut taapkuatlu qayangnaqniaqtut anniarunmit.

Aupayaalaqipluni Kukulaqiplunilu Uvinia Kapuqhiqtaunia nakuuva?
Hii. Ilanggit kitjaliqpaqtut aupayaalaqiplutik kukulaqiplutik kapuqhingniaganni kapuqhingnirmin. Taimaalu pivaqhutik atauhingmit pinggahunut havainniqni talvangga kapuqhiqviamit, taimaatun ittuni kaffini upluni, ilitturipkaqhuni kapuqhingniq havaliqtuq aupayaalaqivianut kukulaqivianutlu.

Auppadjangniaqtuqlu ulurianaqhiniaqtuqlu kapuqviani. Amigaittut inuit naunaqtuqanggittut aanniarutinik kapuutimit.

Tamainnit kapuqhingniit, ilaani puvipkaliqpaqtut imaatun taivagaat *anaphylaxis.* Anaphylaxis puvipkayuqtuq, aupadjaqhuni, puvipkaqhunilu qanirmi, ilaani aniqhaaqtariami ayuqhaliqpaqtut. Taimaatun pigumik pitjutiniaqtut talvani kapuqhiqniamit 15 minutes naaqpat. **Pitkuyauyuhim talvaniillaqluhi munarhitkuni 15 minutes nik kapuqhihuilihaaguvit.** Anaphylaxis nakuuhiyauttaaqtuq munarhihilu ilihaiyauhimayut nakuuhipkariaginnik.

Qitu uqaqvigiyaqhait munaqhiit kapuqhiqtautinnatik aupayaalaqinnaittumik kukulaqinnaittumiklu?
Uniutilugit munaqhiit piqaguvit imaittunik:

- Puvipkaqpaguvit kapuqhirnirmin. Imaatut pivakkuvit an'ngayuqtaguvit, puvvangminik mikiguhuliqhuni, iggiamilu nirruhiyuq aniqhariaminiklu ayuqhaqtuq, iihigiaminiklu uluriahuqhuni.
- Aluujikpaqhimyuq havaunmit ilanggitnik.
- Hin'ngaiyaqtuq
- Aanniaqtailiyaudjutinik havautituqhuni aspirin tugumiluunniit
- Kapuqhilihaaguvit aulliqivinikkutluunniit.
- Aanniarutiqaguvit, havautituguvitluunniit hakuiqtittivaqhuni aanniaqtaalaqipluni.

Qanuqtun qayangnaqniaqqa kapuqhinggitkumi aupayaalaqinnaittumik kukulaqinnaittumiklu?
Aupayaalaqinnaqtuq kukulaqinnaqtuqlu ittuq huli Kanatami tamaannilu nunaqyuaptingni. Kapuqhiqqinggitkuvit aanniarutiginiagungnaqhiyat. Kapuqtaunggitkuvit aupayaalaqinnaittumik kukulaqinnaittumiklu aanniarutiginiagungnaqhiyat aanniarut. Hivuanilu uviniqluqtaaqtut inirninggugumik.

Munariniq Kapuqhiguigavit Aupayaalaaqtailiplutin Kukulaqittailiplutinlu

- Qizzaqyuaqnaittumik uluriahuqyuangnaittumik, havautituinnariaqaqtutin Acetaminophen mik (Tylenol, Tempra) Ibuprofen mikluunniit (Advil, Motrin). Nutaqqanut, naammagiyainnik tunihitjavutin munaqhitkunnit havautiniluunniit naunaitkutainni.
- Aspirin (ASA) mik **HAVAUTITUQTAQHANGGITTAHI** 6 ni havaiginni naatpatta kihiani Varicella kapuqhiani qayangnarman Reye Syndrome, qauyimmaqliqniarman tuquluniluluunniit.
- Kapuqhiqhingnit puvipkaliguvit qanirnit/umilrukni, qiiqiguvitluunniit qilaminnuaq munarhiliatjavutin.
- Apiqhuutiqaguvit, ihumaaluqquvitluunniit aannialiqtutun itkuvitluunniit kapuqhingnit, uqaqvigitjavait munarhiit.

ᑐᑭᓯᑦᐊᕈᑎ

ᐊᐅᐸᓚᒃᑲᒦᒃᑯᑎ (ᐃᒪᓕᓐᓂᑦ) ᑐᑭᓯᑦᐊᕈᑎ

ᐊᐅᐸᓚᒃᑦ ᐃᒪᓖᑦ ᑭᓲᒪ?

ᐊᐅᐸᓚᒃᑦ ᐃᒪᓖᑦ ᐋᓐᓂᐊᖑᔪᖅ ᐃᓅᓕᓴᒐᒃᓴᐅᙱᑦᑐᖅ ᑕᐃᒪᐃᓕᕚᖓ ᐅᖏᓚᓐᓇᖅᑐᒥᑦ ᐊᐅᐸᓪᓛᓕᓲᖑᓪᓗᓂ ᑎᒥᓕᒫᒃᑯᑦ ᐃᒪᓕᓐᓂ. ᓯᐊᒻᒪᐸᕝᓕᐊᓲᖑᓪᓗᓂ ᐃᓄᒻᒥᑦ ᐃᓄᒻᒧᑦ ᖁᐃᖅᓱᖕᓂᒃᑯᑦ, ᑕᑎᐅᓐᓂᒃᑯᑦ, ᓄᕙᒃᑯᑦ ᐊᒻᒪᓗ ᐊᑦᑐᖅᓯᓂᒃᑯᑦ ᐃᒪᓕᓐᓂ.

ᐊᐅᐸᓚᒃᖅᑐᑦ ᐃᒪᓕᓐᓂ ᐊᐅᐸᕐᓂᐅᑐᐃᓐᓇᐅᒐᔪᓲᖅ, ᑭᓯᐊᓂ ᐊᑲᐅᙱᓕᐅᕈᑎᖃᕈᓐᓇᕐᒥᔪᖅ ᐅᕕᓂᒃᑯᑦ ᐊᒥᕐᑐᓂᕐᒥᑦ, ᐳᕙᒃᑯᑦ ᐃᒻᒪᖁᓯᒪᓂᕐᒥᑦ, ᖃᕋᓴᒃᑯᑦ ᐳᓪᓚᓪᕐᑐᓂ ᐊᒻᒪᓗ ᑐᖁᔾᔪᑕᐅᔪᓐᓇᖅᑐᖅ. ᑕᐃᒃᑯᐊ ᐊᐅᐸᓚᒃᑲᓚᐅᖅᓯᒪᔪᑦ ᐊᔾᔨᐸᓗᙵᓂᒃ ᐱᑖᕈᓐᓇᖅᑐᑦ ᐅᐊᑦᑎᐊᕈᒃᑲᓐᓂᖅ ᐃᓅᓯᖓᓂ.

ᐋᓐᓂᐊᕈᓐᓇᒃᑯᓯᖅᑕᐅᓯᒪᙱᑦᑐᑦ ᓇᔾᔨᔪᑦ, ᐊᐅᐸᓚᒃᑦ ᐃᒪᓕᓐᓄᑦ ᐊᑲᐅᙱᓕᕆᐅᕈᑎᔪᐊᖅᑲᕈᓐᓇᖅᑐᖅ ᓇᔾᔨᐊᒥᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ᓱᕋᐃᓗᓂ.

ᑭᓇ ᐋᓐᓂᐊᓕᕉᒃᑯᓯᖅᑕᐅᕆᐊᖅᑲᖅᐸ?

ᐊᐅᐸᓚᒃᑲᒦᒃᑯᑎ ᐃᒪᓕᓐᓂ ᐱᐊᕋᕐᓄᑦ ᑲᐱᔭᐅᔾᔪᑕᐅᓲᖅ 15ᓂᒃ ᑕᖅᑭᖅᑲᓕᖅᑎᓪᓗᒋᑦ.

ᑭᓱᑦ ᐊᓃᑎᖅᑲᖅᒪᑕ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒥᑦ?

ᓄᓇᕗᒻᒥᐅᓂᒃ ᓴᐳᔾᔨᓲᖅ ᐋᓐᓂᐊᓕᕐᓂᐊᙱᒪᑕ ᐊᐅᐸᓛᒃᑲᓂᒃ ᐃᒪᓕᓐᓂᒃ ᐊᒻᒪᓗ ᐊᔾᔨᐸᓗᙵᓂᒃ ᐱᑖᕐᓂᐊᙱᒪᑕ ᐃᓐᓇᐅᓕᖅᐸᑕ.

ᓄᓇᓕᒻᒥ ᓴᐳᔾᔨᓲᖅ ᑕᐃᒃᑯᐊᓗ ᐊᑦᑕᕐᓇᖅᑐᒦᓐᓂᖅᐹᖑᔪᑦ ᐊᑲᐅᙱᓕᐅᕈᑎᓂᒃ ᑖᑦᓯᒥᙶ ᓱᕈᓐᓇᖅᑐᒥᑦ.

ᐊᐅᐸᓚᒃᑲᒦᒃᑯᑎ ᐃᒪᓕᓐᓂᑦ ᐊᑦᑕᕐᓇᙱᓚ?

ᐋ. ᐊᑐᖅᑕᐅᒐᔪᓯᑦ ᐆᑎᕐᓇᕐᓂᖅ ᐊᒻᒪᓗ ᐊᐅᐸᓚᒃᖅᑐᑎᑦ ᐃᒪᓕᓐᓂ ᐊᐅᐸᕐᓂᖅᑲᕐᑐᓂ ᑲᐱᔭᐅᕚᒥᒍᑦ. ᑕᐃᒪᓐᓇᐃᒐᔪᓯᑦ ᐊᑕᐅᓯᕐᒥᒃ ᐱᖓᓱᓄᑦ ᐱᓇᓱᐊᕈᓯᑦ ᐊᓂᒍᐸᐸᑕ ᐋᓐᓂᐊᓕᕉᒃᑯᓯᖅᑕᐅᓯᒪᓕᖅᑎᓪᓗᒍ, ᐅᓪᓗᓄᑦ ᖃᑦᔫᓇᕐᓄᑦ ᑕᐃᒪᐃᓲᖑᓪᓗᓂ, ᓇᓗᓇᐃᖅᓯᓲᖑᓪᓗᓂᓗ ᑎᒦᑦ ᐊᓇᐅᒫᔪᑎᓕᐅᕐᓂᖓᓂᒃ ᐊᐅᐸᓚᒃᓄᑦ ᐃᒪᓕᓐᓂᒃ. ᑲᐱᔭᐅᕚᒃᑯᑦ ᐊᐅᐸᕐᓂᖅᑐᐃᓐᓇᓇᐊᓕᒃ ᐋᓐᓂᐊᓗᓂᓘᓐᓃᑦ. ᐃᓄᕆᐅᓯᑦ ᖃᓄᐃᔾᔪᑎᖃᙱᑦᑎᐊᖅᑐᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒥᒃ.

ᐋᓐᓂᐊᓕᕉᒃᑯᑎᓕᒫᑦ, ᓴᙱᔪᐊᓗᙱᑦ ᑎᒥ ᓈᒻᒪᒃᓴᙱᑐᐃᓐᓇᓇᐊᓕᒃ ᑖᓐᓇ ᑕᐃᔭᐅᓗᐃᖑᒐᓗᓂ ᑎᒻᒥᐅᑉ ᓈᒻᒪᙱᑦᑕᖑᓗᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖅ. ᑎᒻᒥᐅᑉ ᓈᒻᒪᙱᑦᑕᖑᓗᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖅ ᓴᖅᑭᔾᔮᖑᓐᓂ ᐱᖑᔭᐅᓗᑎᑦ, ᐊᐅᐸᕐᓂᖅᑲᕐᓗᓂ, ᖃᓂᒃᑯᑦ ᐳᓪᓕᕐᓗᓂ, ᐊᒃᓱᕈᕐᓗᓂ ᐊᓂᖅᓵᖅᑐᕐᓂᕐᒥᑦ. ᑕᐃᒪᐃᑦᑐᖅ ᓴᖅᑭᔾᔮᖑᓐᓂ 15 ᒥᓂᑦᓰᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᓯᖅᑕᐅᓚᐅᖅᑐᓂ. **ᐋᓐᓂᐊᕗᖕᒥᓪᓗᑎᑦ 15 ᒥᓂᑦᓯᓄᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᓯᖅᑕᐅᓚᐅᖅᑎᓪᓗᑎᑦ.** ᑎᒥᐅᑉ ᓈᒻᒪᙱᑦᑕᖑᓗᓄᑦ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖅ ᑲᒪᒋᔭᒃᓴᐅᖕᒪᑦ ᐊᒻᒪᓗ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᓯ ᐃᓕᓐᓂᐊᖅᓯᒪᓪᓗᓂ ᑲᒪᒋᔭᖅᑲᕐᓂᕐᒥᑦ.

ᑭᓇ ᐅᖃᖅᑎᖅᑲᓇᐊᖅᑲᒪᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᒥ ᐊᐅᐸᓚᒃᑲᒦᒃᑯᑎᒧᑦ ᑲᐱᔭᐅᓚᐅᙱᓐᓂᕐᒥᓂ?

ᐋᓐᓂᐊᖅᑐᓕᕆᔨ ᐅᖃᐅᑎᓗᒍ ᐃᒪᐃᑦᑐᒥᑦ ᐊᑐᓚᐅᖅᓯᒪᓐᓂᕈᕕᑦ:

- ᑎᒦᑦ ᓈᒻᒪᒃᓴᙱᑦᑐᒻᒪᓇᐅᓚᐅᖅᓯᒪᓐᓂᖅᐸᑦ ᑭᖑᓂᐊᓂ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒥᑦ. ᓈᒻᒪᒃᓴᙱᕐᔪᐊᕐᓃᑦ ᐃᓚᖅᑲᖅᑐᑦ ᐊᓂᖅᑎᓇᓂᖓ ᓄᕙᖅᑲᖅᐸᓕᑦᑎᓗᓂ, ᖃᑎᒐᒃᑯᑦ ᓱᑲᖓᓂᖅ, ᐃᖏᐊᒃᑯᑦ ᓯᒥᒍᔾᔨᖅᑰᔨᓂᖅ ᐊᒻᒪᓗ ᐊᒃᓱᕈᕐᓂᖅ ᐊᓂᖅᑎᓇᓂᕐᒥᑦ ᐆᓯᓂᕐᒧᓐᓂᑦ.
- ᑎᒥᖓ ᓈᒻᒪᒃᓴᙱᑉᐸᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᐅᑉ ᐃᓚᒃᓴᖓᓂ.
- ᓇᔾᔨᑉᐸᑦ
- ᑯᐱᕐᕈᐊᕐᔪᕐᑲᖅᑕᐃᓕᒪᓂᕐᒧᑦ ᐆᔭᒐᕈᕝᑦ ᐆᔭᒐᕈᕝᓪᓘᓐᓃᑦ ᐋᔅᐳᓇᓐ-ᖃᖅᑐᓂᒃ
- ᒫᓐᓇᕈᓘᓚᐅᖅᑐᖅ ᐋᓐᓂᐊᓕᕉᒃᑯᓯᖅᑕᐅᓚᐅᕈᕝᑦ ᐊᐅᓕᖕᓂᓘᓐᓃᑦ ᑎᒥᓐᓅᖅᓯᔪᖅᑲᓚᐅᖅᐸᑦ.
- ᐋᓐᓂᐊᕐᓂᖅᒧᑦ ᐊᑲᐅᙱᓕᐅᕈᑎᖃᕖᑦ, ᒪᒥᓴᖅᑕᐅᒍᕖᑦ ᐆᔭᒐᕈᕕᓘᓐᓃᑦ ᓴᙲᑦᑎᓯᒪᓃᓂᒃ ᐋᓐᓂᐊᓂᒃ ᐅᓇᑕᕋᓱᓐᓂᕐᒥᒃ.

ᖃᓄᖅ ᐊᑦᑕᕐᓇᕈᓐᓇᖅᒪᑦ ᐊᐅᐸᓚᒃᑲᒦᒃᑯᑎᒧᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᓯᖅᑕᐅᙱᓪᓗᓂ?

ᐊᐅᐸᓚᒃᑦ ᐃᒪᓖᑦ ᓱᓕ ᑲᓇᑕᒥᑦᑐᖅ ᓄᓇᖅᔪᐊᓚᒦᒥᓪᓗ. ᐊᑐᓕᖅᑯᔭᐅᓯᒪᔪᖅ ᐊᐅᐸᓚᒃᑲᒦᒃᑯᑎᒧᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᓯᖅᑕᐅᙱᒃᑯᕕᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᑦᑐᑎᑦ ᐋᓐᓂᐊᖅᑖᕐᓂᕐᒥᑦ. ᐊᔾᔨᐸᓗᙵᓂᓪᓗ ᓱᕈᕐᓇᖅᑐᒥᑦ ᐱᑖᑐᐃᓐᓇᓇᐊᖅᑐᑎᑦ ᐅᐊᑦᑎᐊᕈᒃᑲᓐᓂᖅ ᐃᓅᓯᕐᓂᑦ.

ᐊᐅᐸᓚᒃᑲᒦᒃᑯᑎᒧᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᓯᖅᑕᐅᓚᐅᕐᓗᓂ ᖃᐅᔨᒋᐊᖅᑲᕐᓂᖅ
• ᐆᑎᕐᓇᓗᐊᖅᑕᐃᓕᓂᕐᒧᑦ ᐋᓐᓂᐊᓗᐊᖅᑕᐃᓕᓂᕐᒧᓗ ᒪᐃᓐᓂᕐᒧᓂᓘᓐᓃᑦ, ᐆᔭᒐᕈᓐᓇᖅᑐᑎᑦ (ᑕᐃᓚᓈᒥᒃ, ᑕᓪᓚᕆᒥᑦ) ᐅᕝᕙᓘᓐᓃᑦ (ᐋᑦᕕᐅᓪ, ᒨᑦᕆᓐ). ᓱᕈᓯᕐᓄᑦ ᐆᓯᑎᓪᓗᒋᑦ ᖃᐅᔨᑎᑦᓯᔾᔪᑎᖃᕐᓗᓂ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᒧᑦ ᐆᔭᒐᕈᓪᓘᓐᓃᑦ ᐋᖕᒐᓂᒃ.   • ᐋᔅᐳᓐ ᑐᓂᔭᐅᙱᓪᓗᓂ ᑭᓇᑐᐃᓐᓇᕐᒧᑦ 20 ᑐᓐᖏᓂ ᐅᑭᐅᓕᓐᓂ ᐱᔪᑎᕆᓪᓗᒍ ᐊᑦᑕᕐᓇᕈᓐᓇᕐᓂᖓ ᕿᐃ-ᖑᓂᕿᖅᑕᐅᔪᒥᒃ ᐋᓐᓂᐊᖅᑖᕈᑕᐅᔪᓐᓇᖅᑐᒥᑦ, ᖃᕋᓴᒥᑦ ᓱᕋᑎᓇᔪᓐᓇᕐᒪᑦ ᑐᖁᔾᔪᑕᐅᔪᓐᓇᖅᑐᓂᓗ.   • ᐊᑲᐅᙱᓕᐅᕈᑎᖃᓕᕈᕕᑦ ᓱᕐᓗ ᖃᓂᒃᑯᑦ ᐳᓪᓕᓕᕈᕕᑦ, ᐱᖑᔭᖃᕈᕕᑦ ᖄᖅᓯᓕᕈᕕᓪᓗᓃᑦ ᑐᐊᕕᕐᓇᖅᑐᓕᐊᑲᐅᑎᓕᐅᑎᑦ ᐋᓐᓂᐊᕐᕕᓕᐊᑲᐅᑎᓕᐅᑎᓘᓐᓃᑦ.   • ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ, ᐃᓱᒫᓗᑎᖃᕈᕕᓪᓘᓐᓃᑦ ᖃᐅᔨᓴᕐᓂᐅᔪᓄᑦ ᐋᓐᓂᐊᓕᕉᒃᑯᑎᒧᑦ, ᐋᓐᓂᐊᖅᑐᓕᕆᔨ ᐅᖃᖅᑎᒋᓗᒍ.