

| Vaccine Clinic Resource for Immunizers | | | | |
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| Title: | COVID-19, Influenza and Pneumococcal Vaccine Quick Reference Guide 2024/25 | | | |
| | Disclaimer: this Quick Reference Guide is not intended to replace other product specific vaccine references. The document is intended as a quick reference for frequently referred to information. Please refer to the product monographs and other resources online for all current and complete information. | | | |
| PHIMS Data Entry: | Select COVID19-Pfizer Comirnaty or COVID19-Moderna Spikevax from the PHIMS Agent list to record vaccine administration with the updated KP.2 COVID-19 formulations | | | |
| Formulations: | COVID-19: mRNA KP.2 Strain Monovalent Vaccines | | | |
| | Flu: IIV4-SD (Inactivated Influenza Vaccine Quadrivalent- Standard dose) | | | |
| | IIV4-HD (Inactivated Influenza Vaccine Quadrivalent- High dose) | | | |
| | Pneumo: Pneumococcal 20-Valent Conjugate (Pneu-C-20) Vaccine | | | |
| MB's 2024/25 Flu | A/Victoria/4897/2022 (H1N1)pdm09-like virus; | | | |
| Vaccines Based on | A/Thailand/8/2022 (H3N2)-like virus; and | | | |
| WHO's Recommended | B/Austria/1359417/2021 (B/Victoria lineage)-like virus | | | |
| Compositions: | B/Phuket/3073/2013 (B/Yamagata lineage)-like virus (since quadrivalent vaccines are still in use in MB) | | | |
| Product Monographs: | manitoba.ca/respiratoryviruses/resources-hcp.html#mono | | | |
| Eligibility Criteria: | COVID-19: www.gov.mb.ca/covid19/index.html | | | |
| | Flu: www.gov.mb.ca/health/flu/index.html | | | |
| | Pneumo: www.gov.mb.ca/health/publichealth/diseases/pneumococcal.html | | | |
| Fact Sheets: | manitoba.ca/respiratoryviruses/resources-public.html | | | |
| Canadian Immunization | COVID-19: www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html | | | |
| Guide: | Influenza: www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-10-influenza-vaccine.html#a6 | | | |
| | Pneumo: www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-16-pneumococcal-vaccine.html | | | |



| COVID-19 | mRNA Vaccine SPIKEVAX™ Moderna KP.2 Variant: 6 months of age and older | | | | | |
|--|---|--|--|--|--|---|
| Presentation | Storage & Handling | Administration | | | | Potential Allergens |
| Royal Blue cap Coral Blue label | Thaw time: 2∘ to 8∘C (Refrigerator): 2 hours | Age Range | COVID-19 Vaccination History | Schedule | Dose Volume | Product is latex and preservative free. |
| Supplied: 2.5 mL multidose vial Concentration: 0.1 | After thawing, let vial stand at room temperature for 15 minutes before administering. 15° to 25° C (Room temperature): | 6 months- 4 years | Previously vaccinated Not previously vaccinated | 1 dose 2-dose series at least 4 weeks apart | 0.25ml | Potential allergens: Polyethylene glycol (PEG), |
| mg/mL Does NOT require dilution. | 45 min Do not refreeze. Storage: Vials can be stored refrigerated between 2° to | 5-11 years | Previously vaccinated Not previously vaccinated | 1 dose | 0.25ml | Tromethamine (trometamol or Tris) |
| Number of doses per vial: | 8°C (36° to 46°F) for up to 50 days prior to first use. <i>Note:</i> Day 1 is the day-to-fridge (aka "pick date"). Day 2 is the following day. > Unpunctured vials may be stored between 8° to | 12 years and older | Previously vaccinated Not previously vaccinated | 1 dose 1 dose | 0.5ml | Individuals who have a known allergy to Tromethamine |
| 10 doses of 0.25mL per vial OR 5 doses of 0.5mL per vial Inspect vials: White/off-white dispersion and may contain white or translucent product-related particulates. If solution contains foreign particulates or discoloration, do not administer. For additional info: modernacovid19global.com/en-CA | Onpunctured vials may be stored between 8 to 25°C (46° to 77°F) for up to 12 hours. Discard time: 24 hours after first dose has been withdrawn if stored in refrigerator. 12 hours after first dose has been withdrawn if stored at room temperature. Product should be marked with applicable expiry dates based on time in refrigerator and time after puncture to avoid administration errors. After puncturing, you have a maximum of 24 hours (continuous, not cumulative) to keep it refrigerated, but the cumulative time outside the fridge must not exceed 12 hours. Once either of these limits are reached, the product should be discarded. Handling: Swirl the vial gently after thawing and between each withdrawal. Do not shake. | Individuals six months opreviously immunized, doses is 4-8 weeks. Heat medical history and incomplete intramuscular (I) 6m to less than 12 12m and older: IM Recommended needle Clinical judgement show muscle mass. PHIMS DATA ENTRY: Stadministration with the | of age and older who are moderately are eligible to receive 3 doses of COV alth care providers may recommend a lividual circumstances. A prescription M) m of age: IM Anterolateral thigh Deltoid gauge and length: 22-25G 1"-1 ½ " uld be used when selecting needle length: gauge and length and be used when selecting needle length. | to severely immunocompromised and /ID-19 vaccine. The recommended interest immunization schedule base is required for the additional doses. gth for IM injections. Consider client's to the PHIMS Agent list to record vaccininistering a half-dose of the vaccine in the property of the property of the property of the vaccine in the property of the prop | who were not rval between ed on a review of weight, age, and ine | (trometamol or Tris), should not be immunized with COVID-19 vaccines containing Tromethamine (trometamol or Tris). Individuals who report an allergy to contrast material (CT dye), including gadolinium, can be immunized with vaccines containing Tromethamine (trometamol or Tris). They should be observed for 30 minutes post immunization. |



COVID-19

mRNA Vaccine Comirnaty™ Pfizer KP.2: 12 years of age and older

| Presentation | Storage & Handling | Administration | Potential Allergens |
|--|---|--|-----------------------------------|
| Gray cap | Thaw time: | Dose: 0.3mL | Product is latex and preservative |
| Gray label | 2° to 8°C (Refrigerator): | | free. |
| - | > 6 hours | Route: Intramuscular (IM) Deltoid | |
| Supplied: 2.25 mL multidose vial | 15° to 25° C (Room temperature): | | Potential allergens: |
| | > 30 min | Schedule: 1 dose | Polyethylene glycol (PEG), |
| Does NOT require dilution. | | The recommended <u>minimum</u> interval is <u>at least</u> 6 months, but a dose of the updated | Tromethamine (trometamol |
| | Storage: | formulation may be administered if it has been at least 3 months from any previous | or Tris) |
| Number of doses per vial: | Vials can be stored refrigerated between 2° to 8°C (36° to | COVID-19 vaccine formulation | |
| 6 doses per vial | 46°F) for up to 10 weeks prior to first use. | | Individuals who have a known |
| 30 mcg/0.3mL | Note: Day 1 is the day-to-fridge (aka "pick date"). Day 2 is the | Individuals six months of age and older who are moderately to severely | allergy to Tromethamine |
| | following day. | immunocompromised and who were not previously immunized, are eligible to | (trometamol or Tris), should not |
| Inspect vials: | Vials may be stored at room temperature between 8° to | receive 3 doses of COVID-19 vaccine. The recommended interval between doses is | be immunized with COVID-19 |
| The thawed suspension may contain | 25°C (46° to 77°F) for up to 12 hours prior to use. | 4-8 weeks. Health care providers may recommend a different immunization | vaccines containing |
| white to off-white opaque | | schedule based on a review of medical history and individual circumstances. A | Tromethamine (trometamol or |
| amorphous particles. Do not | Discard time: | prescription is required for the additional doses. | Tris). |
| administer if vaccine is discoloured | 12 hours at room or refrigerated temperature after first | | |
| or contains particulate matter. | puncture. | Recommended needle gauge and length: 22-25G 1"-1 ½ " | Individuals who report an allergy |
| | Do not refreeze. | Clinical judgement should be used when selecting needle length for IM injections. | to contrast material (CT dye), |
| Low dead-volume syringes and/or | | Consider client's weight, age, and muscle mass. | including gadolinium, can be |
| needles can be used to extract 6 | Product should be marked with applicable expiry dates based | | immunized with vaccines |
| doses from a single vial. If standard | on time in refrigerator and time after puncture to avoid | | containing Tromethamine |
| syringes and needles are used, there | administration errors. | PHIMS DATA ENTRY: Select <i>COVID19-Pfizer Comirnaty</i> from the PHIMS Agent list to | (trometamol or Tris). They should |
| may not be sufficient volume to | | record vaccine administration with the updated KP.2 formulation. | be observed for 30 minutes post |
| extract a 6 th dose from a single vial. | Handling: | | immunization. |
| If the amount of vaccine remaining in | Allow the thawed vial to come to room temperature. When | | |
| the vial cannot provide a full dose of | at room temperature and between each withdrawal, mix by | | |
| 0.3 mL, discard the vial and any | inverting vaccine vial gently 10 times. Do not shake . | | |
| excess volume. Do not pool excess | | | |
| vaccine from multiple vials. | | | |
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Influenza

IIV4-SD Vaccine Fluzone® Quadrivalent Sanofi Pasteur Limited: 6 months of age and older

| 1 | | _ | | |
|--|---|---|---|---|
| Presentation | Storage and Handling | Administration | | Potential Allergens |
| Supplied: 0.5ml single dose prefilled syringes (package of 10) | Storage: 2 to 8 degrees C° Do not freeze | 6 months to 8 years of age: Dose: 0.5ml dose | 9 years of age and older: Dose: 0.5ml dose | Egg proteins Formaldehyde |
| OR 5 ml multidose vial (10 doses) | Discard product if exposed to freezing Once punctured, the multi-dose vial can be used until | Route: 6m to less than 12m of age: IM Vastus lateralis | Route: IM Deltoid | Sodium phosphate- buffered Isotonic sodium chloride Triton® X-100 |
| Shake well to uniformly distribute the suspension and inspect visually before | expiry date. | > 12m and older: IM Deltoid | Schedule: 1 dose | • Thimerosal (in the multidose vial only) |
| withdrawing each dose. | Unpunctured vial is stable until expiry date. A maximum of 10 doses can be withdrawn from a | Schedule: 1 or 2 doses Children 6m to 8 years of age who have not | Recommended Needle Gauge and Length: | LATEX FREE |
| After shaking well, solution is clear to slightly opalescent in colour. | multidose vial Protect from light | previously been vaccinated against influenza should receive a second dose at least 4 weeks later. | 22-25G 1"-1 ½" | |
| There should NOT be any particulate matter and/or discolouration- if these exist, do not administer. | | Recommended Needle Gauge and Length: 22-25G 5/8"-1" | | |

Influenza

IIV4-HD Vaccine Fluzone® High-Dose Quadrivalent Sanofi Pasteur Limited: 65 years of age and older

| Presentation | Storage and Handling | Administration | Potential Allergens |
|--|---|--------------------------------------|---|
| Supplied: 0.7ml single dose prefilled | Storage: 2 to 8 degrees C° | Dose: 0.7ml dose | Triton® X-100 |
| syringes (package of 5) | | | Sodium phosphate-buffered |
| | Do not freeze | Route: IM Deltoid | isotonic sodium chloride solution |
| Shake well to uniformly distribute the | Discard product if exposed to freezing | | |
| suspension and inspect visually before | | Schedule: 1 dose | Trace amounts of: |
| administering each dose. | Do not use after the expiration date shown on the | | Egg Protein |
| After shaking the syringe, the liquid should | label | Recommended Needle Gauge and Length: | Formaldehyde |
| be clear and slightly opalescent in color. | | 22-25G 1"-1 ½" | , |
| | Protect from light | | LATEX FREE |
| Do not use if extraneous particulate matter | | | |
| and/or discoloration is observed. | | | |

Note: Egg allergic individuals may be vaccinated using any of the seasonal influenza vaccines available in MB, without prior influenza vaccine skin test and with the full dose, irrespective of a past severe reaction to egg, and without any extraordinary precautions, but ensuring that immunizers be prepared with the necessary equipment, knowledge and skills to respond to a vaccine emergency.



Pneumo

Pneumococcal Conjugate Vaccine Pneu-C-20 (Prevnar®20) Pfizer:

65 years of age and older and those at high risk of IPD who meet the Manitoba Health Eligibility Criteria

| Presentation & Recommendations | Storage and Handling | Administration | Potential Allergens |
|---|--|---|---|
| Supplied: 0.5ml single dose prefilled syringes (package of 10) A white deposit and clear supernatant may be observed in the pre-filled syringe containing the suspension. Shake vigorously until the contents of the syringe are a homogeneous white suspension. Do not use the vaccine if it cannot be re-suspended. Visually inspect the vaccine for large particulate matter and discoloration prior to administration. Do not use if large particulate matter or discoloration is found. | Storage: 2 to 8 degrees C° Do not freeze Discard if vaccine has been frozen. Do not use after the expiration date shown on the label Store syringes in the refrigerator horizontally (laying flat on shelf) to minimise the re-dispersion time. Use as soon as possible after being removed from refrigeration. Vaccine can be administered provided total (cumulative multiple excursions) time out of refrigeration (at temperatures between 8°C and 25°C) does not exceed 96 hours. | Dose: 0.5ml Route: ➤ 2m to less than 12m of age: IM Anterolateral thigh ➤ 12m and older: IM Deltoid Schedule: 1 dose Additional doses may be recommended for those at highest risk. This should be assessed by the health care provider. Recommended Needle Gauge and Length: IM: 22-25G 1"-1 ½" (5/8"-1" for infants & children) | Diphtheria toxoid Aluminum Phosphate Polysorbate 80 Sodium chloride Succinic acid LATEX FREE |