

Newfoundland and Labrador Immunization Manual	
Section 9	Appendices

Appendix A: Vaccine Abbreviations 2

Appendix B: Coverage Rate Report Forms for Newfoundland Labrador Immunization Programs..... 3

Appendix C: CRMS Documentation of Immunization.....10

Appendix D: Latex Allergies and Immunization.....11

Appendix E: Adverse Events Following Immunization Reporting Form12

Appendix F: User Guide: Report of Adverse Events Following Immunization (AEFI)13

Appendix G: Management of Anaphylaxis in the Non-Hospital Setting (Poster).....14

Appendix H: Vaccine Information for Immunization Program15

Appendix I: Self Directed Learning Module on Immunization16

Appendix J: Requisition for Biological Preparations17

Appendix K: Biological Preparations Return Report (Wastage)18

Appendix L: Temperature Monitoring Form19

Appendix A: Vaccine Abbreviations

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-15-contents-immunizing-agents-available-use-canada.html>

Appendix B: Coverage Rate Report Forms for Newfoundland Labrador Immunization Programs

Report # 1 – Status of 2 year olds – due March 31

Report # 2 – Status of Kindergarten Students – due March 31

Report # 3 – Grade 4 Meningococcal-C-ACYW135 – due June 30

Report # 4 – Grade 6 HPV – due June 30

Report # 5 – Grade 6 Hepatitis B – due June 30

Report # 6 – Grade 9 Tdap – due June 30

Report # 1

Immunization Status at age 2 years

Report due March 31st of each year

Region _____ Birth Year _____

Date Reported _____ Reported by _____

Number of two year olds with active files (Child Health Cards or CRMS and not moved from region) in the region with that birth year _____

Please Indicate # of children who are fully immunized

	DTaP-IPV-Hib	Rotavirus	Pneu-C-13	MMRV	MEN-C-C
# Fully Immunized					
Percentage: # immunized / # 2 yr olds with active files					

Birth Year	Report Due to Province
2015	March 31, 2018
2016	March 31, 2019

Comments

Please Return to CDCN

Report # 2

Immunization status at Kindergarten

Report due March 31st of each year

Region _____ Birth Year _____

Kindergarten Enrolment _____ School Year _____

Date Reported _____ Reported By _____

Please Indicate # of children who are fully immunized

	DTaP-IPV-Hib	Pneu-C-13	*MMRV/ MMR	Men-C-C	DTaP-IPV Or Tdap-IPV
# Fully Immunized					
Percentage: # immunized / # kindergartens with active files					

**MMRV replaced MMR January 1, 2012 for 12 month olds only. Please consider a child fully immunized if they have had 2 vaccines containing MMR and at least one vaccine containing V. MMRV was not introduced at 18 months until July 1, 2014.*

Birth Year	Report Due to Province
2012	March 31, 2018
2013	March 31, 2019 Form to be updated to MMRV only
2014	March 31, 2020
2015	March 31, 2021 Form to be updated to include Rotavirus

Comments

Please Return to CDCN

Report # 3

Immunization status for Men-C-ACYW-135 Grade 4

Report due June 30th of each year

Region _____ Birth Year _____

Grade 4 Enrolment _____ School Year _____

Date Reported _____ Reported by _____

Men-C-ACYW-135	
# Fully Immunized	
# Enrolled	
% Immunized	

Comments

Please Note:

1. Always include children who are home schooled.
2. Intention of this report is to determine the proportion of the students that are fully immunized as opposed to the number of doses given.

Report # 4

Immunization status for Human Papillomavirus (HPV) vaccine Grade 6

Report due June 30th of each year

Region _____ Birth Year _____

Grade 6 Enrolment _____ School Year _____

Date Reported _____ Reported by _____

# Fully Immunized	
# Enrolled	
% Immunized	

Comments

Please Note:

1. Always include children who are home schooled.
2. The intention of this report is to determine the proportion of the students that are fully immunized as opposed to the number of doses given.

Report # 5

Immunization status for Hepatitis B Vaccine Grade 6

Report due June 30th of each year

Region _____ Birth Year _____

Grade 6 Enrolment _____ School Year _____

Date Reported _____ Reported by _____

# Fully Immunized	
# Enrolled	
% Immunized	

Comments

Please Note:

1. Always include children who are home schooled.
2. The intention of this report is to determine the proportion of the students that are fully immunized as opposed to the number of doses given.

Report # 6

Immunization status for Tdap Vaccine Grade 9

Report due June 30th of each year

Region _____ Birth Year _____

Grade 9 Enrolment _____ School Year _____

Date Reported _____ Reported by _____

	Tdap
# Students eligible	
# Of students immunized	
Percentage%	

Comments

Please Note:

1. Always include children who are home schooled.
2. The intention of this report is to determine the proportion of the students that are fully immunized as opposed to the number of doses given.

Appendix C: Client Referral Management System (CRMS) Documentation of Immunization

All regional health authorities must use CRMS to capture primary immunizations, school immunizations, adult immunizations and vaccines that have been administered in relation to communicable disease control. Please see the guidelines for documentation in CRMS that have been developed by the regional health authorities where the client resides for specifics.

Appendix D: Latex Allergies and Immunization

To address concerns regarding latex allergies and immunization the following documentation has been collected:

- Documentation from manufacturers
- Individuals identified as high risk
- Suggested guidelines for immunizing a person with latex allergies
- Screening questions to ask when using a product with latex content

Individuals identified as high risk for latex allergies:

- Those with spina bifida
- Those with myelodysplasia or complex congenital anomalies
- Those who have frequent contact with natural latex products and have experienced allergy type reactions
- Those with a history of anaphylactic reactions of “unknown origin” during surgery
- Those who have food allergies to avocados, kiwi, bananas, chestnuts, tomato or apples

Guidelines for immunizing a person with latex allergy:

- Ampules of vaccine do not contain latex
- If available, use an alternate product (latex free)
- Administer vaccine immediately after vaccine preparation

Screening questions to ask when using a latex containing product:

- Do you have any allergies?
- Do you have an allergy to avocados, kiwi, bananas, chestnuts, tomato or apples?
- Do you have spina bifida?
- Do you have a history of rash, hives, eye irritation, rhinitis (runny nose) or asthmatic symptoms after handling latex gloves, balloons, condoms or other latex items?
- Do you have any medical problems?
- Do your lips swell if you blow up a balloon?
- Have you had surgery, if yes how many?
- Do you frequently come in contact with rubber products in your workplace?

If the answer to any of these questions is yes:

- Inquire whether allergy testing for latex has been done
- If status is unknown check with the parent or family doctor
- If the person is allergic to latex, use latex guidelines

If immunization recommendations remain unclear, refer to MOH.

For the most up to date information on vaccine components, visit the [Canadian Immunization Guide, Contents of immunizing agents authorized for use in Canada](#).

Appendix E: Adverse Events Following Immunization Reporting Form

[Adverse Events Following Immunization \(AEFI\) Reporting Form - Canada.ca](https://www.canada.ca/en/health-canada/services/immunization/immunization-program/immunization-reporting-form-aeft.html)

Appendix F: User Guide: Report of Adverse Events Following Immunization (AEFI)

[Adverse Events Following Immunization \(AEFI\) Reporting Form - Canada.ca](#)

Appendix G: Management of Anaphylaxis in the Non-Hospital Setting (Poster)

[Management of Anaphylaxis in a Non-Hospital Setting \(Poster\) \(gov.nl.ca\)](#)

Appendix H: Vaccine Information for Immunization Programs and Schedules

[Immunization-Schedule-for-Infants-and-SchoolAged-Children.pdf \(gov.nl.ca\)](#)

Appendix I: Self-Directed Learning Module on Immunization (test)

http://www.health.gov.nl.ca/health/publichealth/cdc/pdf/Self-Directed_Learning_Module_Immunizations.pdf

**Self-Directed Learning Module on Immunization
(Answers – Please contact the Regional CDC Nurse)**

Appendix J: Requisition for Biological Preparations

<http://www.health.gov.nl.ca/health/publichealth/cdc/Requisitions%20for%20Biological%20Preparations.pdf>

Appendix K: Report Form for Biological Products Wastage

<http://www.health.gov.nl.ca/health/publichealth/cdc/Biological%20Preparations%20Return%20Report.pdf>

Appendix L: Temperature Monitoring Form

<http://www.health.gov.nl.ca/health/publichealth/cdc/Temperature%20Monitoring%20Log.pdf>