Publicly Funded Immunization Schedules for Ontario





What is this resource?

This document outlines the Publicly Funded Immunization Schedules for Ontario as of June 2022.

This document is intended primarily for health care providers who administer immunizations. It is to be used as a reference tool for immunizers, and provides information regarding:

- 1. The routine immunization schedule
- 2. Catch-up immunization schedules
- 3. High risk immunization programs and schedules
- 4. Eligibility criteria for all publicly funded vaccines and
- 5. Minimum and recommended intervals between doses for vaccine series.

How to use this document:

Pages three to five of this document are Ontario's routine and catch-up immunization schedules. The schedules are small images and may be difficult to read. For a larger version of the schedules, visit <u>health.gov.on.ca/en/pro/</u> <u>programs/immunization/schedule.aspx</u> where they are available as a PDF file for download. This document will need to be printed and each of the schedules will need to be assembled to make an easy-to-read resource.

The larger-print assembled schedules can be posted or kept with a printed copy of this document for easy reference in your immunization areas.

The remainder of this document contains information regarding eligibility for all publicly funded vaccines as well as high risk programs and vaccine intervals (minimum and recommended) for vaccine series.

The vaccine interval information is used when individuals are 'off-schedule' with their recommended vaccines.

The *minimum* age and interval is the shortest time between two vaccine doses in a series in which a protective response can be expected. However, it is preferable to maintain the *recommended* age and interval when possible as this will provide optimal protection or has the best evidence of efficacy.

This document also includes timing information on how to complete the Pneu-C-13 series, as well as the Tdap-IPV series depending on an individual's current age and previous doses received.

Remove any previous versions of this document from your clinic areas and refer only to this version to ensure up-to-date information.

COVID-19 vaccine

This resource does not include recommended schedules for COVID-19 immunizations. Please refer to the latest guidance for COVID-19 vaccination at: <u>health.gov.on.ca/en/pro/</u> <u>programs/publichealth/coronavirus/2019_</u> <u>guidance.aspx</u>

Immunizers should take responsibility for ensuring they have up-to-date knowledge using appropriate guidelines and resources such as vaccine product monographs and the Canadian Immunization Guide (CIG) (canada.ca/en/public-health/services/ canadian-immunization-guide.html).

Immunizers with questions on the Publicly Funded Immunization Schedules for Ontario can contact their local public health unit (see pages 14-15 for contact information).



Publicly Funded Immunization Schedules for Ontario – June 2022

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

| | | Routine So | | Children | chedule: Children Starting Immunization in Infancy | mmunizat | ion in Infa | ancy | | | | |
|---|--|---|------------------------------------|---------------------------|--|--|---|--|---|---|---|-----------------------|
| Age Vaccine | 2 Months | 4 Months | 6 Months | $_{\text{Year}}^{1} \Phi$ | 15 Months | 18 Months | 4 Years | Grade 7 | 14 Years | 24 Years | ≥34 Years Υ | 65 Years |
| DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b | • | • | • | | | • | | | | | | |
| Pneu-C-13 Pneumococcal Conjugate 13 | • | • | | • | | | | | | | | |
| Rot-1 Rotavirus | • | • | | | | | | | | | | |
| Men-C-C Meningococcal Conjugate C | | | | • | | | | | | | | |
| MMR Measles, Mumps, Rubella | | | | • | | | | | | | | |
| Var Varicella | | | | | • | | | | | | | |
| MMRV Measles, Mumps, Rubella, Varicella | | | | | | | | | | | | |
| Tdap-IPV Tetanus, diphtheria, pertussis, Polio | | | | | | | • | | | | | |
| HB Hepatitis B | | | | | | | | • | | | | |
| Men-C-ACYW Meningococcal Conjugate ACYW-135 | | | | | | | | • | | | | |
| HPV-9 Human Papillomavirus | | | | | | | | • | | | | |
| Tdap Tetanus, diphtheria, pertussis | | | | | | | | | • | • | | |
| Td (booster) Tetanus, diphtheria | | | | | | | | | | | ♦ Every 10 years | |
| HZ Herpes Zoster | | | | | | | | | | | | - |
| Pneu-P-23 Pneumococcal Polysaccharide 23 | | | | | | | | | | | | ♦ / ■ |
| Tdap Tetanus, diphtheria, pertussis | | | | | | | | One dose in of gestation | One dose in every pregnancy, ideally between 27-32 weeks of gestation | nancy, ideally | between 27-3 | 2 weeks |
| Inf Influenza | | | | | | | Every | Every year in the fall * | יוו* | | | |
| A single vaccine dose given by intramuscular injection A single vaccine dose given by subcutaneous injection A single vaccine dose given by mouth | cular injection Ieous injection | | | | | Y - Once a dc Td booste I - HZ is a 2 d | se of Tdap is g rs every 10 ye ose series (see | Once a dose of Tdap is given in adult ¹ Td boosters every 10 years thereafter HZ is a 2 dose series (see Table 12) give | Y - Once a dose of Tdap is given in adulthood (24 years of age), adults should receive Td boosters every 10 years thereafter HZ is a 2 dose series (see Table 12) given by intramuscular injection | of age), adults ular injection | should receiv | |
| Provided through school-based immunization programs. Men-C-ACYW is a single dose: HB is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 10). Each vaccine dose is given by intramuscular injection Construction Construction Construction | zation programs dose series (see prior to 16 mon | s. Men-C-ACYW e Table 10). Eac ths of age | / is a single do h vaccine dose | se; HB is a e is given | | Children of vaccine re vaccine re of influenz Note: A differe (see Table 3) of (see Table 3) of (see Table 3) | quire 2 doses quire 2 doses a vaccine sho ent schedule a pr if doses of a | ears of age wi given ≥4 week uld receive 1 d ind∕or additior vaccine serie: | Complete or months to expension age who have not previously received at uose of minutential vaccine require 2 doses given 24 weeks apart. Children who have previously received 21 dose of influents vaccine should receive 1 dose per season threafter Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 424) | evicually received an who have p thereafter be needed for the appropriate | reviously recei reviously recei high risk indiv 2 Tables 4-24) | /ed ≥1 dose iduals |
| | | | | | | | | | | مر مام امر - ا | | |



Publicly Funded Immunization Schedules for Ontario – June 2022

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| | | | | ပိ | tch-up | Sche | dule 1: | Childr | en Star | ting Im | imuniz | ation | Catch-up Schedule 1: Children Starting Immunization between 1-6 Years | Years | | | | | |
|---|--|---|--|--|------------------------------------|--------------------------------------|---------------------|----------|---|---|--|---|---|---|---|---|---|--|--|
| | | 1st Visit: | | | 2 mont | 2™ Visit: 2 months after 1ª visit | ^{tt} visit | | 3rd Visit: 2 months after 2rd visit | sit: ths ¹ visit | 4 th Visit: 6-12 months after 3 rd visit | it: inths visit | 5th Visit (only required | | | 24 V | 24-28 yrs | | |
| Age | | If child is | | If child | If child is <5 years and was | s and | If child is | d is | If child is | d is | If child is | d is | If child was <4 years at 4 th visit): | Grade | 14-18 \\re6 | lf adu | If adult was | ≥34 \\\\r | 65 Vire |
| Vaccine | 44 yrs | 4 yrs | 5-6 yrs | <2 yrs at 1 st visit | 2-3 yrs at 1st visit | 4 yrs at 1 st visit | 5-6 yrs | 7 yrs | <7 yrs | 7 yrs | 44 yrs | 4-8 yrs | 4-6 yrs of age and 6-12 months after 4th visit | | ne ik | <18 yrs at previous visit f | ≥18 yrs at previous visit [®] | e K | <u>e 1</u> |
| DTaP-IPV-Hib | ٠ | ٠ | ٠ | • | ٠ | ٠ | ٠ | | • | | • | | | | | | | | |
| Pneu-C-13 | • | • | | • | | | | | | | | | | | | | | | |
| MMR | | | | | | | | | | | | | | | | | | | |
| MMRV | | | | | | | | | | | | | | | | | | | |
| Var | | | | | | | | | | | | | | | | | | | |
| Men-C-C | ٠ | • | ٠ | | | | | | | | | | | | | | | | |
| Tdap-IPV | | | | | | | | • | | • | | • | • | | | | | | |
| 뛰 | | | | | | | | | | | | | | • | | | | | |
| Men-C-ACYW | | | | | | | | | | | | | | • | | | | | |
| 6-V4H | | | | | | | | | | | | | | • | | | | | |
| Tdap | | | | | | | | | | | | | | | • | • | | | |
| Td | | | | | | | | | | | | | | | | | • | ♦ Every 10 years | |
| ZH | | | | | | | | | | | | | | | | | | | - |
| Pneu-P-23 | | | | | | | | | | | | | | | | | | | •/= |
| Tdap | | | | | | | | | | | | | | One di 27-32 (| One dose in every pregna 27-32 weeks of gestation | 'y pregnan Jestation | One dose in every pregnancy, ideally between 27-32 weeks of gestation | between | |
| Inf | | | | | | | | | | Every year in the fall * | in the fal | ıر* | | | | | | | |
| A single vaccine dose given by intramuscular injection A single vaccine dose given by subcutaneous injection Provided through school-based immunization programs. Men-C-ACYW is a single dose. HB is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 10). Each vaccine dose is given by intramuscular injection G - Given 10 years after the 4-8 year old) Tdap-IPV dose Given 10 years after the adolescent Tdap dose | ne dose <u>c</u> ne dose <u>c</u> ugh schox series (se lose is giv s after the s after the | yiven by in yiven by st bl-based ii e Table 6) /en by intr .(4-8 year ·adolesce | itramuscu ubcutane: mmuniza); HPV-9 it amuscula old) Tdap old) Tdap | Juar injectic ous injectic tion progra s a 2 dose ar injection o-IPV dose tose | n on ams. Men- series (se | c-ACYW e Table 10 | is a single)(| è dose; | | Y- Once a do thereafter H- HZ is a 2 d - HZ is a 2 do e children 6 2 doses gi receive 1 c Note: A differe | a dose of fter 2 dose se an 6 mont s given 2 a 1 dose p fferent sc a vaccin | Tdap is gi eries (see ths to 8 ye thecks a er seasor thedule a e series a | Y- Once a dose of Tdap is given in adulthood (>18 yrs), adults should receive Td boosters every 10 years thereafter H - HZ is a 2 dose series (see Table 12) given by intramuscular injection - HZ is a 2 dose series (see Table 12) given by intramuscular injection - Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given >4 weeks apart. Children who have previously received 21 dose of influenza vaccine should receive 1 dose per season thereafter Note: A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-24) | (>18 yrs), a intramuscu ve not prev b have prev doses may | dults shoul llar injection viously recc viously recc viously rece recele Tables 4-5 | لط receive ⁻ eived a doc eived ≥1 do eived ≥1 do eived ≥1 do | Td boosters se of influen: ise of influen risk individu | every 10 y za vaccine za vaccine za saccine za saccine | aars equire should able 3) or |

| ile 2: Children Starting Immunization between 7–17 Years | 10 years after | If child is 6-12 months Grades 10 Years (only required if years after the 65 Years 13 to 18 yrs after 2° Visit 7-12 after 2° Visit child was visit after 2° Visit 13 to 18 yrs after 2° Visit 7-12 after 2° Visit child was visit after 2° Visit 7-12 | • | | | | | • | • | • | • | • | | | One dose in every pregnancy, ideally between 27-32 weeks of gestation | Every year in the fall * | Y - Once a dose of Tdap is given in adulthood, adults should receive Td boosters every 10 years thereafter - H7 in 52 door onder (not Table 12) door hy introminents interation | | | Provided through school-based immunization programs. Men-C-ACYW is a single dose: HB is a 2 dose series (see Table 6); HPV-9 is a 2 or 3 dose series (see Tables 10 and 11). Each vaccine dose is given by intramuscular injection (see Table 3) or if doses of a vaccine series are missed (see Tables 10 and 11). Each vaccine dose is given by intramuscular injection (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-24) | 3: Adults Starting Immunization at 18 Years and Older | 2 nd Visit: 2 months after 1 ^{dd} Visit | If adult is born 3 rd Visit: Every 10 years 65 Vases | in or after 2000 in or prior to 1999 in or prior to 1999 after 2ª Visit 3ª Visit 3ª Visit and is 26 yrs and is 26 yrs | | | | | | * * * | • | | | 🔿 One dose in every pregnancy ideally hetween 27-32 weeks of restation |
|--|---|---|----------|------|-----|-----|---------|----|------------|-------|------|----|----|-----------|---|--------------------------|--|---|---|---|---|---|---|---|----------|-----|-----|------------|---------|-------------|----|----|-----------|--|
| Catch-up Schedule 2: | 2 nd Visit: 2 months after 1 | If child is 13 fr child is 13 tr | • | - | | | | | | | | | | | | | | Individuals born on or after 2003/Sept/01 are eligible to receive a dose of Men-C-C (given by intramuscular injection). These | individuals are also eligible to receive Men-C-ACYW when they enter Grade 7. If the individual is immunized with Men-C-ACYW, in or after Grade 7, Men-C-C is no longer recommended | -C-ACYW is a single dose; HB is 0.0 and 11). Each vaccine dose is | Catch-up Schedule 3 | | - | between 1997 and 1999 in or after 2000 | • | - | | • | | | | | | One |
| Cat | 1st Visit | lf child is 13 to 17 yrs | • | | | | | | | | | | | | | | uscular injection | /01 are eligible to receive | Men-C-ACYW when the r after Grade 7, Men-C-C | unization programs. Mer dose series (see Tables | Ca | 1st Visit | If adult is born | between 1986 and 1996 199 | • | | | | • | | | | | |
| | 1st | If child is <13 yrs | ٠ | | | | | | | | | | | | | | A single vaccine dose given by intramuscular injection A single vaccine dose given by cubacture interview | on or after 2003/Sept. | ith Men-C-ACYW, in o | jh school-based immt e 6); HPV-9 is a 2 or 3 (| | | | in or prior to 1985 | • | | | | | | | | | |
| | Δηρ | Vaccine | Tdap-IPV | MMRV | MMR | Var | Men-C-C | HB | Men-C-ACYW | HPV-9 | Tdap | Td | HZ | Pneu-P-23 | Tdap | Inf | A single vaccine | Individuals born | individuals are a is immunized w. | Provided throug series (see Table | | | Age | Vaccine | Tdap-IPV | MMR | Var | Men-C-ACYW | Men-C-C | Td | ΡΛ | HZ | Pneu-P-23 | Tdap |

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| Table 1: Vaccine Admir | nistration | | | | |
|---|------------|--|---|--------------|---------------|
| Route of administration | Age | and weight (if applicable) of vaccine recipient | Preferred Site of Injection | Needle Gauge | Needle Length |
| Intramuscular (IM) 90° angle | 6 to 12 mo | nths | Anterolateral thigh | 22-25 | 7∕s" – 1" |
| Note: For IM injections, use a needle length sufficient to | 13 months | to 12 years | Deltoid muscle | 22-25 | 5⁄≈" − 1" |
| reach the largest part of the muscle | | Individuals weighing <130 lbs | Deltoid muscle | 22-25 | 5⁄8" – 1" |
| | | Males weighing 130-260 lbs | Deltoid muscle | 22-25 | 1" |
| | ≥13 years | Females weighing 130-200 lbs | Deltoid muscle | 22-25 | 1" |
| | | Males weighing >260 lbs | Deltoid muscle | 22-25 | 11/2" |
| | | Females weighing >200 lbs | Deltoid muscle | 22-25 | 11⁄2" |
| Subcutaneous (SC) 45° | <1 year | | Anterolateral thigh | | |
| angle | ≥1 year | | Upper triceps area or anterolateral thigh | 25 | 5⁄8" |
| Oral (PO) | Infants | | | n/a | |
| Intranasal (IN) | All ages | | | n/a | |

Notes: • For route, site and technique for vaccine administration refer to the Canadian Immunization Guide at <u>canada.ca/en/public-health/servic-</u> es/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/ page-8-vaccine-administration-practices.html

Never mix and administer different vaccines together in the same syringe unless indicated in the product monograph
 For vaccines that require reconstitution, always mix the vaccine with supplied diluent for that vaccine

| Table 2: Eligibility Criteria for Al | l Publicly Funde | d Vaccines | |
|---|------------------|---|--|
| | Route of | Publicly | Funded Age Groups |
| Publicly Funded Vaccines | administration | Routine Vaccine Programs | High Risk Vaccine Programs |
| DTaP-IPV-Hib Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b | IM | 6 weeks to 6 years of age | 5 to 6 years of age (see Table 3) |
| HA Hepatitis A | IM | | ≥1 year of age (see Table 3) |
| HB Hepatitis B | IM | Grades 7 to 12 | ≥0 years of age (see Table 3) |
| Hib Haemophilus influenzae type b | IM | 6 weeks to 4 years of age | ≥5 years of age (see Table 3) |
| HZ Herpes Zoster | IM | 65 to 70 years of age Note: 2 dose series should be completed prior to 71 st birthday | |
| HPV-9 Human Papillomavirus | IM | Grades 7 to 12 | Males 9 to 26 years of age (see Table 3) |
| Inf Influenza | IM | ≥6 months of age | |
| IPV Polio | SC | ≥6 weeks of age | ≥18 years of age (see Table 3) |
| 4CMenB Multicomponent Meningococcal B | IM | | 2 months to 17 years of age (see Table 3) |
| Men-C-C Meningococcal Conjugate C | IM | Born on or after 2003/Sep/01 and ≥1 year of age Born between 1986 and 1996 | |
| Men-C-ACYW Meningococcal Conjugate ACYW-135 | IM | Grades 7 to 12 Born in or after 1997 | ≥9 months of age (see Table 3) |
| MMR Measles, Mumps, Rubella | SC | ≥1 year of age | • 6 to 11 months (see Table 3) • ≥26 years of age (see Table 3) |



| | Route of | Publicly F | unded Age Groups |
|--|----------------|--|---|
| Publicly Funded Vaccines | administration | Routine Vaccine Programs | High Risk Vaccine Programs |
| MMRV Measles, Mumps, Rubella, Varicella | SC | 4 to 12 years of age | |
| Pneu-C-13 Pneumococcal Conjugate 13 | IM | 6 weeks to 4 years of age | • 6 weeks to 6 months of age (see Table 3) • ≥50 years of age (see Table 3) |
| Pneu-P-23 Pneumococcal Polysaccharide 23 | SC or IM | ≥65 years of age | • 2 to 64 years of age (see Table 3) • ≥2 years of age (reimmunization) (see Table 3) |
| Rot-1 Rotavirus | PO | 6 to 24 weeks of age | |
| Td Tetanus, diphtheria | IM | ≥7 years of age | |
| Tdap Tetanus, diphtheria, pertussis | IM | > 24 years of age Pregnant persons in every pregnancy, regardless of Tdap immunization history Note: adults (>>>> 18 years of age) are eligible for 1 Tdap dose (generally given 10 years after the adolescent Tdap dose). However, if the Tdap booster dose is required earlier, they are eligible to receive 1 dose of Tdap regardless of the interval since the last dose of tetanus- or diphtheria-containing vaccine. | |
| Tdap-IPV Tetanus, diphtheria, pertussis, Polio | IM | ≥4 years of age | ≥18 years of age (see Table 3) |
| Var Varicella | SC | Born in or after 2000 and ≥1 year of age | Born in or prior to 1999 (see Table 3) |

Notes: • Some vaccines protect against the same disease; the most appropriate vaccine should be selected based on the age and needs of the vaccine recipient in accordance with the recommended schedules

• For any of the immunization schedules, if an individual is partially immunized or contraindicated to receive a component of a combined vaccine, alternative vaccines may be used, provided the individual is eligible to receive the vaccine, for example:

• If IPV series is complete Tdap can be used instead of Tdap-IPV

• Similarly, if there is a contraindication to receiving pertussis, Td and IPV for individuals ≥7 years of age can be used instead of Tdap-IPV

Consult with your local public health unit regarding the availability of publicly funded vaccines for the case and contact management of vaccine preventable diseases.

Table 3: High Risk Vaccine Programs

High risk individuals should also be immunized according to the routine or applicable catch-up schedules (see pages 3 to 5)

| Publicly Funded Vaccines | Publicly Funded Age Groups | # of Eligible Doses | Vaccine Intervals | High Risk Eligibility Criteria |
|-----------------------------|----------------------------------|---------------------------------------|----------------------|--|
| Hib | ≥5 years | - | For HSCT - | Asplenia (functional or anatomic) (1 dose) Bone marrow or solid organ transplant recipients (1 dose) Cochlear implant recipients (pre/post implant) (1 dose) |
| DTaP-IPV-Hib | 5-6 years | 1 or 3 | Table 9 | Hematopoietic stem cell transplant (HSCT) recipients (3 doses) Immunocompromised individuals related to disease or therapy (1 dose) Lung transplant recipients (1 dose) Primary antibody deficiencies (1 dose) Note: High risk children 5 to 6 years of age who require DTaP-IPV and Hib should receive DTaP-IPV-Hib instead of Hib |
| НА | ≥1 year | 2 | See Table 5 | Intravenous drug use Liver disease (chronic), including hepatitis B and C Men who have sex with men |
| НВ | ≥0 years | 2 to 4 (+ boosters if required) | See Table 7 | Children <7 years old whose families have immigrated from countries of high prevalence for HBV and who may be exposed to HBV carriers through their extended families (3 doses) Household and sexual contacts of chronic carriers and acute cases (3 doses) History of a sexually transmitted disease (3 doses) Infants born to HBV-positive carrier mothers: premature infants weighing <2,000 grams at birth (4 doses) premature infants weighing <2,000 grams at birth and full/post term infants (3 doses) Intravenous drug use (3 doses) Liver disease (chronic), including hepatitis C (3 doses) Awaiting liver transplants (2rd and 3rd doses only) Men who have sex with men (3 doses) Nuedle stick injuries in a non-health care setting (3 doses) On renal dialysis or those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (2rd and 3rd doses only) |

| | High Risk Vao uals should also b | | | he routine or applicable catch-up schedules (see pages 3 to 5) |
|-----------------------------|-------------------------------------|----------------------------------|--|--|
| Publicly Funded Vaccines | Publicly Funded Age Groups | # of Eligible Doses | Vaccine Intervals | High Risk Eligibility Criteria |
| HPV-9 | Males 9 to 26 years | 2 to 3 | See Tables 10 and 11 | Men who have sex with men |
| 4CMenB | 2 months to 17 years | 2 to 4 | See Table 14 | Acquired complement deficiencies (e.g., receiving eculizumab) |
| Men-C-ACYW | 9 months to 55 years | 2 to 4 + boosters | See Table 15 | Asplenia (functional or anatomic) Cochlear implant recipients (pre/post implant) Complement, properdin, factor D or primary antibody deficiencies |
| Men-C-ACYW | ≥56 years | 1 | See Table 15 | • HIV |
| | 6-11 months | 1 | See Table 16 | Infants traveling to areas/countries where disease is of concern Note: 2 additional doses are required at ≥1 year of age and at appropriate intervals |
| MMR | ≥26 years | 1 (as a 2 nd dose) | See Table 16 | Adults who have only received 1 dose of MMR are eligible to receive a 2 nd dose: • if they are health care workers • if they are post-secondary students • if they are planning to travel to areas where disease is of concern • based on the health care provider's clinical judgement |
| | 6 weeks to 6 months | 1 (as a 4 th dose) | See Table 17 | Infants who meet any of the Pneu-P-23 high risk criteria from 1 to 14 (see Pneu-P-23 eligibility criteria) are eligible for a 4th dose and should be immunized according to the high risk Pneu-C-13 schedule |
| Pneu-C-13 | ≥50 years | 1 or 3 | For HSCT – See Table 18 For intervals between Pneu-C-13 and Pneu-P-23 – See Table 19 | Asplenia (anatomical or functional) (1 dose) 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 (1 dose) HIV (1 dose) HSCT recipient (3 doses) Immunocompromising therapy including use of long-term corticosteroids, chemotherapy, radiation therapy, post-organ transplant therapy, biologic and certain anti-rheumatic drugs (1 dose) Malignant neoplasms including leukemia and lymphoma (1 dose) Sickle cell disease or other hemoglobinopathies (1 dose) Solid organ or islet cell transplant (candidate or recipient) (1 dose) |
| Pneu-P-23 | 2 to 64 years | 1 | | Asplenia (functional or anatomic), splenic dysfunction Cardiac disease (chronic) Cerebral spinal fluid leak (chronic) Condear implant recipients (pre/post implant) Congenital (primary) 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 Diabetes mellitus HIV Immunocompromising therapy including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy Liver disease chronic, including hepatitis B and C, and hepatic cirrhosis due to any cause Malignant neoplasms, including nephrotic syndrome Respiratory disease (chronic), excluding asthma, except those treated with high-dose corticosteroid therapy Sickle-cell disease and other sickle cell haemoglobinopathies Solid organ or islet cell transplant (candidate or recipient) Neurologic conditions (chronic) that may impair clearance of oral secretions HSCT (candidate or recipient) Residents of nursing homes, homes for the aged and chronic care facilities or wards |
| Pneu-P-23 | ≥2 years | 1 (as a 2 nd dose) | See Table 20 | Individuals are eligible to receive a 2 nd (one lifetime reimmunization) dose of Pneu-P-23 if they meet the following high risk criteria: • Asplenia (functional or anatomic) or sickle cell disease • Hepatic cirrhosis • HIV • Immunocompromised related to disease or therapy • Renal failure (chronic) or nephrotic syndrome |
| IPV Tdap-IPV | ≥18 years | 1 | | Travellers who have completed their immunization series against polio and are travelling to areas where poliovirus is known or suspected to be circulating Refer to the Committee to Advise on Tropical Medicine and Travel (CATMAT) for recommendations at phac-aspc.gc.ca/tmp-pmv/catmat-ccmtmv/index-eng.php Note: Travellers are eligible to receive a single adult lifetime booster dose of IPV-containing vaccine. The most appropriate vaccine (i.e., IPV or Tdap-IPV) should be selected |
| Var | Born in or prior to 1999 | 2 | See Table 16 | Susceptible children and adolescents given chronic salicylic acid therapy Susceptible individuals with cystic fibrosis Susceptible household contacts of immunocompromised individuals Susceptible individuals receiving low dose steroid therapy or inhaled/topical steroids Susceptible immunocompromised individuals, see the <u>Canadian Immunization Guide</u> |



Vaccine Intervals – Recommended and Minimum

Note: Tables 8, 12, 13, 14, 15 and 17 should be used with initiating the vaccine series. Interrupted schedules may result in fewer necessary doses than indicated in the table. Consult the <u>Canadian Immunization Guide</u> or Table 23 for the interrupted Pneu-C-13 series.

| Recommended Intervals | Minimum Intervals |
|--|---|
| ^{at} DTaP-IPV-Hib dose at age ≥2 months | 1 st DTaP-IPV-Hib dose at age ≥6 weeks |
| nd DTaP-IPV-Hib dose, 2 months after 1 st dose | 2 nd DTaP-IPV-Hib dose, 4 weeks after 1 st dose |
| rd DTaP-IPV-Hib dose, 2 months after 2 nd dose | 3 rd DTaP-IPV-Hib dose, 4 weeks after 2 nd dose |
| th DTaP-IPV-Hib dose, 6-12 months after 3 rd dose and age ≥1 year | 4 th DTaP-IPV-Hib dose, 24 weeks after 3 rd dose and age ≥1 year |
| ^f 4 th dose is given at age ≥4 years and ≥24 weeks after 3 rd dose, and | <i>If</i> 4 th <i>dose is given at age</i> ≥4 <i>years and</i> ≥24 <i>weeks after</i> 3 rd <i>dose,</i> |
| rd dose is given at age ≥1 year, Tdap-IPV should be given | <i>Tdap-IPV should be given</i> |
| th Tdap-IPV dose, 6-12 months after 4 th dose and at age ≥4 years | 5 th Tdap-IPV dose, 24 weeks after 4 th dose and at age ≥4 years |
| th dose is not required if 4 th dose is given at age ≥4 years and | 5 th dose is not required if 4 th dose is given at age ≥4 years and |
| ^{s24} weeks after 3 rd dose | ≥24 weeks after 3 rd dose |

Note:

• Refer to the Routine Schedule and Catch-up Schedule 1 for the use of DTaP-IPV-Hib

| Table 5: Hepatitis A (HA) immunization series for high | risk individuals ≥1 year of age |
|--|---|
| Recommended Intervals | Minimum Intervals |
| 1 st dose 2 nd dose, 6 to 36 months after 1 st dose (depending on vaccine) | 1 st dose 2 nd dose, 24 weeks after 1 st dose |

| Table 6: Hepatitis B (HB) immunization series for grade | e 7 |
|---|--|
| Recombivax [®] HB First Dose – Intervals | Engerix®-B First Dose - Intervals |
| 1 st dose Recombivax [®] HB in Grade 7 2 nd dose Recombivax [®] HB or Engerix [®] -B, 4 months after 1 st dose | 1 st dose Engerix [®] -B in Grade 7 2 nd dose Engerix [®] -B or Recombivax [®] HB, 6 months after 1 st dose |

Note: The 2 dose HB schedule and vaccine formulation is licensed for use for children between 11 and 15 years of age. For children who have not received their 2nd dose prior to their 16th birthday, a 3-dose series is required. Follow Table 7 for the 2nd and 3rd doses; no need to restart the series

Table 7: Hepatitis B (HB) immunization series for high risk individuals ≥0 years of age and students in grades 10 to 12 who are ≥16 years of age

| Recommended Intervals | Minimum Intervals |
|-----------------------|--|
| | 1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose, 16 weeks after 1 st dose and at age ≥24 weeks |

Notes:

• Premature infants weighing <2,000 grams at birth, born to HBV-positive mothers, should receive 4 doses, given at birth, 1, 2 and 6 months of age

• Refer to the <u>Canadian Immunization Guide</u> for appropriate vaccine formulations, serology testing and boosters for individuals who meet HB high risk eligibility criteria (see Table 3)

| Table 8: Haemophilus influenzae type b (Hib) immunization series for children <5 years of age | | |
|---|--|--|
| Age at first dose | Recommended Intervals | Minimum Intervals |
| 2-6 months | 1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd and at age ≥12 months | 1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose 4 th dose, 8 weeks after 3 rd dose and at age ≥12 months |
| 7-11 months | 1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months | 1 st dose 2 nd dose, 8 weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose and at age ≥12 months |
| 12-14 months | 1 st dose 2 nd dose, 2 months after 1 st dose | 1 st dose 2 nd dose, 8 weeks after 1 st dose |
| 15-59 months | 1 st dose | 1 st dose |

Table 9: *Haemophilus influenzae* type b (Hib) immunization series for HSCT recipients ≥5 years of age

| Recommended Intervals | Minimum Intervals |
|--|--|
| 1 st dose | 1 st dose |
| 2 nd dose, 2 months after 1 st dose | 2 nd dose, 4 weeks after 1 st dose |
| 3 rd dose, 12 months after 2 nd dose | 3 rd dose, 4 weeks after 2 nd dose |

Note: Immunization series can be initiated at 6 to 12 months post-transplant

Table 10: HPV-9 two dose immunization series for: • healthy grade 7 to 12 students who are <15 years of age</td> • healthy youth 9 to 14 years of age (who meet high risk eligibility criteria) Recommended Intervals Minimum Intervals 1st dose 2nd dose, 6 months after 1st dose 2nd dose, 6 months after 1st dose 2nd dose, 24 weeks after 1st dose

Notes:

• Immunocompromised or immunocompetent HIV-infected individuals require 3 doses (see Table 11)

• In healthy individuals 15 years of age and older who received the first dose between 9 to less than 15 years of age, a 2 dose schedule can be used

| Table 11: HPV-9 three dose immunization series for: Healthy: • grade 7 to 12 students who are ≥15 years of age • males 15 to 26 of age (who meet high risk eligibility criteria) Immunocompromised or immunocompetent HIV-infected: • grade 7 to 12 students • males 9 to 26 years of age (who meet high risk eligibility criteria) | |
|---|-------------------|
| | |
| Recommended Intervals | Minimum Intervals |

| Table 12: HZ immunization series for individuals 65 to 70 years of age | | |
|---|--|--|
| Age at first dose Recommended Intervals Minimum Intervals | | |
| 65 to 70 years | 1 st dose 2 nd dose, 2 to 6 months after 1 st dose | 1 st dose 2 nd dose, 8 weeks after 1 st dose |

| Table 13: IPV immunization series for individuals ≥6 weeks of age | | |
|---|--|---|
| Age at first dose | Recommended Intervals | Minimum Intervals |
| 6 weeks to 3 years | 1^{st} dose 2^{nd} dose, 2 months after 1^{st} dose 3^{rd} dose, 2 months after 2^{nd} dose 4^{th} dose, 6 to 12 months after 3^{rd} dose 4^{th} dose is not required if 3^{rd} dose is given at age ≥4 years and ≥24 weeks after 2^{nd} dose | $1^{st} \text{ dose } 2^{nd} \text{ dose } 4 \text{ weeks after } 1^{st} \text{ dose } 3^{rd} \text{ dose } 4 \text{ weeks after } 2^{nd} \text{ dose } 4^{th} \text{ dose } 24 \text{ weeks after } 3^{rd} \text{ dose } 4^{th} \text{ dose } is not required if } 3^{rd} \text{ dose } is given at age ≥4 years and ≥24 weeks after } 2^{nd} \text{ dose } 4^{rh} \text{ dose } 3^{rd} \text{ dose } 4^{rh} \text{ dose } 3^{rd} dos$ |
| ≥4 years | 1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 6 to 12 months after 2 nd dose | 1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 24 weeks after 2 nd dose |

Table 14: 4CMenB immunization series for high risk children 2 months to 17 years of age

| Age at first dose | Recommended Intervals | Minimum Intervals |
|-------------------|--|--|
| 2-5 months | 1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd and at age ≥12 months | 1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose 4 th dose, 8 weeks after 3 rd dose and at age ≥12 months |
| 6-11 months | 1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months | 1 st dose 2 nd dose, 8 weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose and at age ≥12 months |



| Table 14 cont.: 4CMenB immunization series for high risk children 2 months to 17 years of age | | | |
|---|---|--|--|
| Age at first dose Recommended Intervals Minimum Intervals | | | |
| 12 months to 10 years | 1 st dose 2 nd dose, 2 months after 1 st dose | 1 st dose 2 nd dose, 8 weeks after 1 st dose | |
| 11 to 17 years | 1 st dose 2 nd dose, 1 month after 1 st dose | 1 st dose 2 nd dose, 4 weeks after 1 st dose | |

Table 15: Men-C-ACYW immunization series for high risk individuals 9 months and older

| ose dose, 2 months after 1 st dose dose, 2 months after 2 nd dose at age ≥12 months sster doses every 3 to 5 years | 1 st dose 2 nd dose, 4 weeks after 1 st dose 3 rd dose, 4 weeks after 2 nd dose 4 th dose, 4 weeks after 3 rd dose and at age ≥12 months 4 th dose is not required if 3 rd dose is given at age ≥12 months and ≥4 weeks after 2 nd dose Booster doses every 3 to 5 years |
|---|---|
| 1st dose1st dose2nd dose, 2 months after 1st dose2nd dose, 4 weeks after 1st doseBooster doses every 3 to 5 yearsBooster doses every 3 to 5 years | |
| ose dose, 2 months after 1 st dose ister doses every 5 years | 1 st dose 2 nd dose, 4 weeks after 1 st dose Booster doses every 5 years |
| For high risk individuals ≥56 years of age, a single lifetime dose of Men-C-ACYW may be given ≥5 years after last dose of Men-C-ACYW Vaccines available and provided publicly funded for these individuals may not be included in the age indication for that particular vaccine. Therefore, administration of these vaccines is off-label and clinical judgment is advised. | |
| | lose, 2 months after 1 st dose ose, 2 months after 2 nd dose at age ≥12 months ster doses every 3 to 5 years ose lose, 2 months after 1 st dose ster doses every 3 to 5 years ose lose, 2 months after 1 st dose ster doses every 5 years thigh risk individuals ≥56 years n-C-ACYW ccines available and provided po |

Table 16: MMR, MMRV and Var immunization series

| Order of Vaccines | Recommended Intervals | Minimum Intervals | |
|---------------------------------------|--|-------------------|--|
| MMR then MMR | 1 month | 4 weeks | |
| MMR then MMRV / MMRV then MMR | 3 months | 6 weeks | |
| MMR then Var / Var then MMR | 1 month | 4 weeks | |
| MMRV then MMRV | 3 months | 6 weeks | |
| Var then MMRV / MMRV then Var | 3 months | 6 weeks | |
| Var then Var | 3 months | 6 weeks | |
| Note: MMD and Var may be given at the | Note: MMD and Var may be given at the same visit if required | | |

Note: MMR and Var may be given at the same visit if required

| Age at first Applies Recommended Intervals | | Recommended Intervals | Minimum Intervals |
|--|-----------|--|--|
| | Healthy | 1 st dose at age ≥2 months 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months | 1 st dose at age ≥6 weeks 2 nd dose, 8* weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose and at age ≥12 months |
| 2-6 months | High risk | 1 st dose at age ≥2 months 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd dose and at age ≥12 months | 1 st dose at age ≥6 weeks 2 nd dose, 8* weeks after 1 st dose 3 rd dose, 8* weeks after 2 nd dose 4 th dose, 8 weeks after 3 rd dose and at age ≥12 months |
| 7-11 months | All | 1 st dose 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months | 1 st dose 2 nd dose, 8* weeks after 1 st dose 3 rd dose, 8 weeks after 2 nd dose and at age ≥12 months |
| 12-23 months | All | 1 st dose 2 nd dose, 2 months after 1 st dose | 1 st dose 2 nd dose, 8 weeks after 1 st dose |
| 24-59 months | All | 1 dose | 1 dose |

* For these doses, the vaccine manufacturer indicates the minimum interval is 4 weeks, however the <u>Canadian Immunization Guide</u> recommends the minimum interval between doses be 8 weeks

Note: 1 dose of Pneu-P-23 should be given \geq 8 weeks after the last dose of Pneu-C-13, for children \geq 2 years of age who meet Pneu-P-23 high risk criteria (see Table 3)



Table 18: Pneu-C-13 immunization series for HSCT recipients ≥50 years of age

| Recommended Intervals | Minimum Intervals |
|--|--|
| 1 st dose | 1 st dose |
| 2 nd dose, 1 month after 1 st dose | 2 nd dose, 4 weeks after 1 st dose |
| 3 rd dose, 1 month after 2 nd dose | 3 rd dose, 4 weeks after 2 nd dose |

Note: Start series 3 to 9 months after transplant; 1 dose of Pneu-P-23 should be given 12 to 18 months post-transplant (6 to 12 months after last dose of Pneu-C-13)

Table 19: Pneu-C-13 and Pneu-P-23 intervals for high risk adults ≥50 years of age

1 dose of Pneu-P-23 should be given ≥8 weeks after the last dose of Pneu-C-13 (except for HSCT recipients see Table 18 for intervals)
 Alternatively, if Pneu-P-23 has already been received, Pneu-C-13 should be given ≥1 year after the last dose of Pneu-P-23

Table 20: Pneu-P-23 reimmunization intervals for high risk individuals ≥2 years of age

+ 2nd (one lifetime reimmunization) dose should be given ≥ 5 years after the 1st dose

Table 21: Rot-1 immunization series for infants <25 weeks of age

| Recommended Intervals | Minimum Intervals |
|---|--|
| 1 st dose between ages ≥2 months and <15 weeks | 1 st dose between ages ≥6 weeks and <15 weeks |
| 2 nd dose, 2 months after 1 st dose | 2 nd dose, 4 weeks after 1 st dose |

If an incomplete dose is administered for any reason (e.g., infant spits the vaccine) a replacement dose should NOT be administered.
Vaccination should not be initiated in infants ≥15 weeks of age, as the safety of providing the first dose of Rot vaccine in older infants is not known. If Rot is inadvertently administered at ≥15 weeks of age, the rest of the series should be completed with a minimum of 4 weeks between each dose and all doses should be administered at ≤25 weeks as per the product monograph, and no later than 32 weeks of age as per NACI.

Table 22: Tdap-IPV and /or Td and IPV primary immunization series for individuals ≥7 years of age

| Recommended Intervals | Minimum Intervals |
|--|---|
| 1 st dose | 1 st dose |
| 2 nd dose, 2 months after 1 st dose | 2 nd dose, 4 weeks after 1 st dose |
| 3 rd dose, 6-12 months after 2 nd dose | 3 rd dose, 24 weeks after 2 nd dose |
| 3 rd dose, 6-12 months after 2 rd dose | 3 rd dose, 24 weeks after 2 rd dose |

Note: Refer to the Catch-up Schedules 2 and 3 for the use of Tdap-IPV and/or Td and IPV

Interrupted Vaccine Series

| Table 23: Pneu-C-13 schedule for children <5 years of age who have not completed their series | | | |
|---|---------------|---|---|
| Child's current age | Applies to | Number of Pneu-C-13 doses received previously | Number of Pneu-C-13 doses required to complete series and recommended intervals |
| | Healthy | 1 dose (1 st dose) | 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months |
| | | 2 doses (1 st and 2 nd dose) | 3 rd dose, 2 months after 2 nd dose and at age ≥12 months |
| 2 to 6 months | High risk | 1 dose (1 st dose) | 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd dose and at age ≥12 months |
| | | 2 doses (1 st and 2 nd dose) | 3 rd dose, 2 months after 2 nd dose 4 th dose, 2 months after 3 rd dose and at age ≥12 months |
| 7 to 11 months | All | 1 dose (1 st dose) | 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose and at age ≥12 months |
| | | 2 doses (1 st and 2 nd dose) | 3 rd dose, 2 months after 2 nd dose and at age ≥12 months |
| | All | 1 dose (1 st dose) at age < 12 months | 2 nd dose, 2 months after 1 st dose 3 rd dose, 2 months after 2 nd dose |
| 12 to 23 months | | 1 dose (1st dose) at age ≥12 months | 2 nd dose, 2 months after 1 st dose |
| 12 to 23 months | | 1 dose (1 st dose) at age <12 months and 1 dose (2 nd dose) at age ≥12 months | 3 rd dose, 2 months after 2 nd dose |
| | | 2 or more doses at age <12 months | 1 dose, 2 months after most recent dose |



| Table 23 cont.: Pneu-C-13 schedule for children <5 years of age who have not completed their series | | | of age who have not completed their series | |
|---|------------------------|---------------|--|--|
| | Child's current age | Applies to | Number of Pneu-C-13 doses received previously | Number of Pneu-C-13 doses required to complete series and recommended intervals |
| | 24 to 59 months | All | Any incomplete series | 1 dose, 2 months after most recent dose |

Note: See Table 17 to determine if the child has an interrupted schedule and requires additional doses in order to complete the appropriate schedule for their current age

| Number of DTaP-IPV-[Hib] doses received at age <7 years | Individual's current age | Continue with the following number of Tdap-IPV, Td and IPV and/o Td doses to complete series (recommended intervals) |
|--|--------------------------|---|
| 1 dose | 7 to 17 years | 1 dose of Tdap-IPV, 2 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 2 months after 1 st Tdap-IPV dose 1 dose of Tdap-IPV, 6-12 months after Tdap dose |
| Tuose | ≥18 years | 1 dose of Tdap-IPV 1 dose of Td, 2 months after Tdap-IPV dose 1 dose of Td and IPV, 6-12 months after Td dose |
| | 7 to 17 years | 1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 6-12 months after 1st Tdap-IPV dose |
| 2 doses | ≥18 years | 1 dose of Tdap-IPV 1 dose of Td, 6-12 months after Tdap-IPV dose |
| 3 doses | ≥7 years | 1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose |
| 4 doses received at age <4 years | ≥7 years | 1 dose of Tdap-IPV |

General notes:

• Eligible individuals include those who have an OHIP card, any other provincial or territorial health card from Canada, or any interim federal (Canadian) health coverage, as well as children attending licensed child care settings and elementary and secondary schools.

- Eligibility for publicly funded vaccines may be extended in certain circumstances, such as case and contact management. Contact your public health unit.
- Interruption of a vaccine series does not require restarting the series, regardless of the length of time that has elapsed since the last dose.
- When age ranges are specified, they are inclusive of the lower and upper age parameters, for example:
 "4-6 years" means from the 4th birthday to the day prior to the 7th birthday
- "6 months to 8 years" means from 6 months of age to the day prior to the 9th birthday
- A record of vaccines received at each visit must be provided free of charge. The Yellow Card is a permanent personal immunization record and should be brought to all immunization appointments.
- In Ontario, up-to-date immunization records or valid exemptions are required for attendance at school, under the Immunization of School Pupils Act (designated diseases include diphtheria, tetanus, polio, pertussis, meningococcal, measles, mumps, rubella, and varicella) and child care centres under the Child Care and Early Years Act (consult your local public health unit).
- Refer to the Canadian Immunization Guide (phac-aspc.gc.ca/publicat/cig-gci/index-eng.php) for additional information.
- For vaccines not publicly funded or travel vaccines, refer to NACI (<u>phac-aspc.gc.ca/naci-ccni/</u>) and CAMAT (<u>phac-aspc.gc.ca/tmp-pmv/catmat-ccmtmv/index-eng.php</u>) for indications and usage.
- \cdot Report adverse events following immunization (AEFI) to your local public health unit:
- Public health unit listing: <u>health.gov.on.ca/English/public/contact/phu/phuloc_mn.html</u>
- Ontario AEFI reporting form is available from Public Health Ontario: publichealthontario.ca/vaccinesafety

Visit Ontario.ca/vaccines to obtain the most current Publicly Funded Immunization Schedules for Ontario



Public Health Units in Ontario

For more information or assistance regarding the Publicly Funded Immunization Schedules for Ontario, please contact your public health unit.

Visit https://www.neurophysical.com/common/system/services/phu/locations.aspx

| Algoma | 705-942-4646 1-866-892-0172 |
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