

POST-EXPOSURE IMMUNIZATIONS

Quick Reference

- Treatment after individual has been exposed to the pathogen
- Vaccines or treatments are usually publicly funded and may require products such as immunoglobulins or PEP kits, which pharmacists and physicians do not have access to.

Examples:

Needle-stick Injury	<u>Emergency Room – urgent</u> PEP ideally started within 2 hours Will need to get assessed, may get bloodwork done, Hep B vaccine and HBIG if indicated <u>List of PEP locations</u>
Meningococcal	<u>Public Health</u> Contacts will need to be followed up with and perhaps go to public health to get immunized
Measles	<u>Public Health</u> All contacts must go to public health for guidance on isolation, administration of measles vaccines or IVIg
Varicella high risk contacts (susceptible pregnant and non-immune)	<u>Public Health</u> Needs to be notified and immunization arranged if appropriate
Rabies	<u>Public Health</u> Ig must be arranged through Public Health
Tetanus	<u>FP/ Nurse Practitioner/ ER</u> If person has less than 3 tetanus vaccines on board and major or dirty wound, may need TIG, to receive at ER

Ig = immunoglobulin



Resources:

Guidelines for the Management of Exposures to Blood and Body Fluids

<https://www.ehealthsask.ca/services/Manuals/Pages/hiv-guidelines.aspx>

Saskatchewan Immunization Manual Chapter 7

<https://www.ehealthsask.ca/services/Manuals/Documents/sim-chapter7.pdf>

9.0 Appendix 7.1 - Post-Exposure, Contact tables

Saskatchewan Immunization Manual Chapter 10 Biological Products -

<https://www.ehealthsask.ca/services/manuals/Documents/sim-chapter10.pdf>

Individual monographs

Communicable Disease Control Manual -

<https://www.ehealthsask.ca/services/Manuals/Pages/CDCManual.aspx>

