

The New Brunswick Routine Immunization Schedule is set by the Chief Medical Officer of Health. Vaccines recommended in the Routine Immunization Schedule are provided by Public Health and other health-care providers throughout New Brunswick. "On time" and "on schedule" immunization provide the best protection against vaccine preventable diseases.

Routine Childhood Immunization Schedule	
Age/Grade	Vaccine
Birth	Hepatitis B
2 months	Hepatitis B DTaP-IPV-Hib ¹ Pneumococcal conjugate Rotavirus
4 months	DTaP-IPV-Hib Pneumococcal conjugate Rotavirus
6 months	Hepatitis B DTaP-IPV-Hib Rotavirus
12 months	MMRV ² Meningococcal conjugate C Pneumococcal conjugate
18 months	DTaP-IPV-Hib MMRV
6 months to 18 years	Influenza (yearly)
4 years	Tdap-IPV ³
Grade 7	HPV ⁴ + Tdap ⁵
Grade 9	Meningococcal conjugate ACYW-135

Targeted / Catch-up Immunization Campaign for Adolescents born 2000-2008			
Grade	Vaccine	Start Date	End Date
9	2nd dose Varicella	2016-17 school year	2022-23 school year

Routine Adult Immunization Schedule	
Age	Vaccine
Adulthood 18 years of age and older	Td ⁶ should be given every 10 years. Tdap should replace one of the Td doses. The Tdap vaccine should be offered to women during every pregnancy. ⁷
≥65 years	Pneumococcal polysaccharide
65 years and older	Influenza (yearly)
Adults born after 1970 should contact their health-care provider or Public Health office for information about MMR immunization.	
Influenza vaccine is recommended for all residents of New Brunswick six months of age and older. It is provided free of charge to those at increased risk of complications from influenza, including those 65 years of age and older. Please consult your health-care provider or Public Health office for more information on others eligible for publicly funded influenza vaccine.	

¹ DTaP-IPV-Hib: diphtheria, tetanus, acellular pertussis, inactivated polio, & Haemophilus influenzae type b
² MMRV: measles, mumps, rubella and varicella
³ Tdap-IPV: tetanus, diphtheria, acellular pertussis, inactivated polio
⁴ HPV: human papillomavirus
⁵ Tdap: tetanus, diphtheria, acellular pertussis
⁶ Td: tetanus and diphtheria
⁷ Tdap: pregnant women regardless of their age

Appendix 14 - Managing Illness in ELC Facilities – Parent’s/Guardian’s Role



Early Learning and Childcare Facility Managing Illness in ELC Facilities - Parent’s/Guardian’s Role

Your involvement as a parent is important! You can take the following steps to help ensure that early learning and childcare facilities are safe and healthy places for all children.

Step 1:

Make sure you provide up-to-date information about your child’s immunization to the facility operator. If you choose not to immunize your child, you must sign a waiver available from the Department of Health.

Step 2:

In general, if your child is too sick to participate comfortably in activities and has symptoms or a condition that may affect the health of other children, it is necessary that your child not attend childcare.

You must keep your child at home or make alternate childcare arrangements if your child has one or more of the following symptoms or conditions:

- a. Fever (temperature taken from ear 38.3° C or greater, mouth 37.5° C or greater, armpit temperature 37.3° C or greater) accompanied by behavior changes or other signs of illness
- b. Diarrhea as defined by an increase in frequency of stools and/or change to unformed loose, watery stool. Fever, loss of appetite, nausea, vomiting, abdominal mucus or blood in stool may also occur
- c. Vomiting illness with two or more episodes of vomiting in the previous 24 hours (in excess of typical infant spit-ups)
- d. Mouth sores associated with an inability of the child to control his/her saliva
- e. Rash with fever or behavior changes
- f. Infections (e.g. infected eyes with discharge) until 24 hours after treatment started by physician
- g. Infestations (e.g. scabies, head lice, pinworm) until after first treatment with a medicated product

Step 3:

If your child does not attend childcare due to illness, you must let the facility know your child’s illness symptoms.

Step 4:

If your child gets ill at the facility, you will be notified and you will be asked to make arrangements to pick up your child within one hour of being notified by the facility staff. This is important to make sure your child gets the treatment he/she needs as well as to prevent the spread of illnesses to other children.

Step 5:

You are encouraged to take your child to a physician if their symptoms do not improve within 24 hours after leaving the ELC facility.

Step 6:

For some illnesses, there is a required time period where your child cannot attend an ELC facility. These time periods and illnesses have been developed by health care professionals across Canada to ensure that your child is fully recovered and to prevent the spread of infectious diseases in ELC facilities. These illnesses are listed in Appendix B “New Brunswick Guide for Exclusion of Children in Early Learning and Childcare Facilities” of the “Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities”. The guide is available from your facility operator or administrator.

If your child has been diagnosed with any of the illnesses in this guide, you must follow the requirements in order for the facility operator to allow your child to be re-admitted to the facility.

Step 7:

When you take your child back to the ELC facility after having been sick with an infectious illness, you must complete the Return after Exclusion form to certify that you have followed necessary steps for re-entry to the ELC facility.

We thank you in advance for taking these steps to make early learning and childcare facilities a safe and healthy place for all children in New Brunswick.