



Toronto Police Service

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William Blair
Chief of Police

File Number:

NOTICE

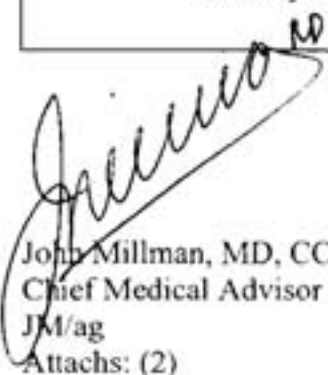
TO ALL CADET APPLICANTS

Please find attached the following two documents:

- 1) an outline of Canadian Immunization Requirements for adults in Canada;
- 2) a WellServe immunization schedule to be filled out by your attending physician indicating that your immunization has been completed.

Please be advised of the following:

- 1) the immunization schedule must be completed when you attend for your medical examination through WellServe Health Care Management. ***Failure to have this completed and the immunization form filled out will result in your failing the physical examination;*** and
- 2) any costs involved in the completion of the immunization schedule will be borne by the applicant.


John Millman, MD, CCFP, CCBOM,
Chief Medical Advisor

JM/ag

Attachs: (2)

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Immunization for Adults

All adults should receive adequate doses of all routinely recommended vaccines, and other vaccinations should be given for selected circumstances when appropriate

Recommended Antigens

All Canadian adults require maintenance of immunity to **Tetanus and Diphtheria**, preferably with combined (Td) toxoid. It is important to ensure that adults have completed the primary immunizations with Td and then to continue with booster doses every 10 years. The last booster doses offered to adolescents in school is at 14 to 16 years of age

The recommended schedule for adult booster doses is to continue to offer boosters of Td at 10-yearly intervals at mid decade years, i.e., at age 15, 25, 35, etc.

The combined tetanus, diphtheria and polio (TdP) is no longer a required vaccine in adulthood but instead, as the incidence of **Pertussis** has increased in the adult population, a booster dose of adult formulation of acellular pertussis vaccine is recommended to prevent occurrence and spread of the disease. This is available in a combined vaccine for tetanus, diphtheria and acellular pertussis (dTap) and is recommended for administration for all adults either coincident with time for a scheduled booster or at the earliest possible clinical encounter. At this time, this combined vaccine is recommended only as a booster on a one time basis.

Adults born before 1970 may be considered immune to **Measles**. Adults born in 1970 or later who do not have documentation of adequate measles immunization or who are known to be seronegative should receive measles vaccine (given as MMR). For adults who have already received one dose of measles vaccine, a second dose of vaccine would provide optimal protection.

Most individuals born before 1970 may also be considered immune to **Mumps**. Mumps vaccine (given as MMR) is recommended for young adults with no history of mumps.

Rubella vaccine should be given to all female adolescents and women of childbearing age unless they have documented evidence of detectable antibody or documented evidence of vaccination. Combined measles, mumps and rubella (MMR) vaccine is preferred.

Universal immunization for **Hepatitis B** is recommended in Canada. Opportunities should be provided for adults to receive hepatitis B vaccine. In addition, adults who are at increased risk of exposure to hepatitis B by virtue of their occupation, lifestyle or environment should receive hepatitis B vaccine at the earliest possible clinical encounter.

References:

1. Health Canada. *Canadian Immunization Guide*, 2002 6th ed. Cat. No. H49-8/2002E, Ottawa 2002; <http://www.phac-aspc.gc.ca/publicat/cig-gci/index.html>
2. National Advisory Committee on Immunization (NACI). *Interval Between Administration of Vaccines Against Diphtheria, Tetanus, and Pertussis*, *CCDR* 2005, 31(ACS-9) 1-24, http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/05vol31/acs-dcc-8-9/9_e.html
3. National Advisory Committee on Immunization (NACI). *Prevention of pertussis in adolescents and adults*, *CCDR* 2003, 29(ACS-5) 1-9

Date: _____

Dear Doctor: _____

Candidate Name: _____

Date of Birth: _____

THE FOLLOWING ARE MANDATORY JOB REQUIRMENTS FOR THE TORONTO POLICE SERVICE and NEED TO BE CONFIRMED and/or UPDATED.

<u>IMMUNIZATIONS</u>	<u>DATE GIVEN</u>
➤ Tetanus, Diphtheria and Polio (TdP) or Tetanus and Diphtheria (Td) or Diphtheria, Tetanus and acellular Pertussis (dTaP)	_____
➤ Measles, Mumps and Rubella (MMR)	_____
➤ Hepatitis B series (3 doses of Engerix-B or Recombivax HB at 0, 1 and 6 months)	
#1	_____
#2	_____
#3	_____
Booster (if needed)	_____
or Anti HBV Serology result	_____
➤ Two-Step Tuberculin Skin Test (Mantoux)	
<u>Step #1</u>	<u>Step #2 (1-3 weeks following step #1)</u>
Date administered _____	Date administered _____
Date read (48-72 hrs later) _____	Date read (48-72 hrs later) _____
Result _____ mm	Result _____ mm

➤ Chest x-ray (ONLY if Mantoux ≥ 10 mm induration on any step or known previous positive TB Skin Test)	
Date of chest x-ray _____	Result _____

Physician's name: _____

Physician's signature: _____

Date: _____

Address or Stamp: _____

All of the above is to be clearly documented, signed and dated by the physician. Completed form should be brought by candidate to medical assessment or faxed to **WellServe Health Care Management at (519) 837-3974** by physician.