



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

January 3, 2007

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

**Re: Revisions to Communicable Disease Control Manual:
Chapter II – Immunization Program**

Effective January 1, 2007, the schedule for pneumococcal conjugate vaccine is changing. Healthy infants will be offered 3 (rather than 4) doses of vaccine, administered at 2, 4 and 12 months of age. Medically high risk infants will continue to be offered four doses of vaccine at 2, 4, 6 and 12 months of age. Changes have been made to Chapter II - Immunization Program to reflect these changes. A change in eligibility for pneumococcal polysaccharide revaccination is included as well.

Please note the following changes to the Communicable Disease Control Manual, Chapter 2 – Immunization Program

Section II – Immunization Schedules:

Page 1, Section 1.0 Guidelines for Immunization Schedules:

- Wording in first bullet to clarify that “recommended”, “routine,” and “minimum interval” schedules are protective.

Page 2, Section 2.0 Schedule A: Basic Immunization:

- Pneumococcal conjugate vaccine dose at 6 months of age is flagged for medically high risk indications only.
- Pneumococcal conjugate vaccine booster dose added at **12** months of age.
- Pneumococcal conjugate vaccine dose at 18 months of age only for children who have presented for their 12 month immunizations before January 1, 2007, and have not received a pneumococcal conjugate vaccine dose at ≥ 12 months of age.
- Footnote added to indicate that minimum age for 5th dose of DaPT/IPV/Hib is 4 years.

Administrative Circular# 2007: 01

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Page 3, Completion of Conjugate Pneumococcal Vaccination When Primary Series Has Been Interrupted:

- Table updated to include three dose schedule for healthy infants.
- Footnote added that this schedule can be used to complete immunization when a diagnosis of a health condition is made at >6 and < 12 months of age. Decisions regarding vaccine doses for a child diagnosed at > 12 months of age will need to be made on a case-by-case basis.

Page 4, Schedule B: Children 1 Year and Over But < 7 When Starting Immunization:

- This schedule has been updated to a “minimum interval” schedule to provide protection in the shortest period of time for children who are late in starting an immunization series.
- Footnote added to indicate that minimum age for 5th dose of DaPT/IPV/Hib is 4 years.

Page 5, Schedule C: Children 7 Years to 18 Years (Inclusive) When Starting Immunization:

- This schedule has been updated to a “minimum interval” schedule as well.

Page 7, Schedule E: Reinforcing Immunization of Previously Immunized Adults:

- Military recruits recommended to receive two doses of MMR vaccine

Page 8, Minimum Intervals Between Vaccine Doses:

- This page has been updated to address the issue of the level of protection from minimum interval schedules that have shorter time intervals between doses of vaccine in a multi-dose series than does a recommended (routine) schedule.
- The minimum interval schedule can be used when a child is “late” by one month or more. When the child is “caught up,” the routine schedule can be used.
- The table does not include a three dose pneumococcal conjugate vaccine series, as there is currently no data on PCV in a reduced dose schedule with two doses given one month apart.
- Footnote added to indicate that minimum age for 5th dose of DaPT/IPV/Hib is 4 years.

Changes to Section VII – Biological Products:

Page 34, MMR Vaccine:

- Two doses of publicly-funded MMR vaccine recommended for military recruits

Page 41, Pneumococcal Conjugate Vaccine (Prevnar™):

- Reformatted to include both the three dose and four dose schedules

Page 41a: new page

- New tables with three and four dose schedules for children whose immunization series is delayed.

Pages 43 and 43a: Pneumococcal polysaccharide vaccines

- “Chronic heart or lung disease” has been removed from the indications for a once-only revaccination. The revaccination recommendations are now consistent with NACI recommendations.

Page:

- List of components of Varilrix™ has been corrected.™

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter 2 – Immunization Program:

Section II – Immunization Schedules

Page 1

Dated July 2004

Pages 2, 4, 5 & 7

Dated August 2006

Page 3

Dated March 2005

Page 8

Dated April 2006

Section VII – Biological Products

Page 34

Dated August 2006

Page 41, 43, 43a & 66

Dated April 2006

Please insert the following replacement pages in the Communicable Disease Control Manual, Chapter 2 – Immunization Program:

Section II – Immunization Schedules

Pages 1, 2, 3, 4, 5, 7 & 8

Dated January 2007

Section VII – Biological Products

Pages 34, 41, 41a, 43, 43a & 66

Dated January 2007

If you have any questions or concerns, please contact Cheryl McIntyre, Associate Nurse Epidemiologist or Karen Pielak, Nurse Epidemiologist at telephone (604)660-6061, fax (604)660-0197 or by email at cheryl.mcintyre@bccdc.ca or karen.pielak@bccdc.ca

Sincerely,

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B C Centre for Disease Control

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