



**BC Centre for Disease Control**  
An agency of the Provincial Health Services Authority

Immunization Programs and Vaccine  
Preventable Diseases Service  
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**Date: January 31, 2016**

**Administrative Circular: 2016:01**

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

**Re: Update to Communicable Disease Control Manual,  
Chapter 2 - Immunization Program,  
Section IIA – Immunization Schedules, Section III – Immunization of Special  
Populations, Section IV – Administration of Biological Products & Section VII –  
Biological Products**

### **Section IIA – Immunization Schedules**

Entire section updated. Key revisions include:

- Addition of table “Vaccine Abbreviations and Vaccines”
- 1.0 Clarification of the “once eligible, always eligible” rule
- 1.1 Definition of acceptable verbal history
- 2.0 Schedules updated
  - Removal of 1.1.1 Schedule A: Basic Immunization When Starting With Pediacel® Vaccine & 1.2.1 Alternate Schedule B: Children ≥ 1 Year But Less Than 7 Years When Starting Immunization.
  - Schedules A and B updated to indicate the use of Men-C-ACYW-135 for high risk infants and children.
  - Removal of 1.3 Hib Schedule When the Basic Schedule Has Been Delayed. Hib has been added to the minimum interval table.
  - Schedules C and D: eligibility birth dates/ages updated. Optional worksheets included.
- 3.0 Clarification of use of minimum intervals and removal of 4 week stipulation on when to use minimum intervals.
- 3.1 Minimum interval table updated.
- 4.4 Spacing of Vaccines and Blood Donation revised with a link to Canadian Blood Services website for more information.
- 4.5 Content from Section IV-ADMINISTRATION OF BIOLOGICAL PRODUCTS, Subsection 2.4-Vaccination Following Vaccine Administration Errors moved here as it is more applicable to scheduling of immunizations.

**Please remove: the entire contents of Section IIA, including the Table of Contents,  
with pages dated between January 2012 & November 2014**

**Please insert: the revised Section IIA, including the Table of Contents, dated  
January 2016**

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## **Section III – Immunization of Special Populations**

### **3.0 Select Populations:**

Health care workers (HCWs) and childcare workers have been separated into 2 distinct subsections.

#### **3.1 Health Care Workers**

Clarified polio vaccine booster dose 10 years after primary series is recommended for HCWs who may be exposed to feces. Varicella susceptibility also updated according to current recommendations.

#### **3.2 Childcare Workers**

Revised Hepatitis B vaccine recommendations to be consistent with Section VII– BIOLOGICAL PRODUCTS.

#### **3.3 Inmates of Provincial Correctional Institutions**

Footnote added referring to Section VII–BIOLOGICAL PRODUCTS for specific vaccine schedule information.

#### **3.4 International Travelers**

Updated web resources for additional travel health information.

#### **3.5 Males Who Have Sexual Contact With Other Males**

HPV vaccine added for those 9-26 years of age, as well as a footnote indicating NACI's recommendation for those 27 years of age and older.

#### **3.6 Individuals New to Canada**

In lieu of listing all routine vaccines, referred to Section IIA-IMMUNIZATION SCHEDULES, noting to immunize according to age and immunization history. Recommendations for polio vaccine clarified and World Health Organization web resources updated.

HIV testing recommendations updated as per the *HIV Testing Guidelines for the Province of British Columbia*.

#### **3.7 Unknown or Uncertain Immunization Status / Inadequate Immunization Records**

Removed recommendation for serological testing for tetanus and diphtheria IgG to determine immune status, and revised content related to clients without records.

**Please remove page numbers: 46 – 55 dated January 2009 – December 2015**

**Please add new page numbers: 46 – 55 dated January 2016**

**Please also remove the Table of Contents for Section III – Immunization of Special Populations dated July 2014 and replace with the enclosed updated Table of Contents dated January 2016.**

## **Section IV – Administration of Biological Products**

Subsection 2.4 Vaccination Following Vaccine Administration Errors has been removed. This content has been moved to Section IIA-IMMUNIZATION SCHEDULES.

**Please remove page number: 2a dated December 2015**

**Please also remove the Table of Contents for Section IV – Administration of Biological Products dated December 2013 and replace with the enclosed updated Table of Contents dated January 2016.**

## **Section VII – Biological Products**

### **Haemophilus b Conjugate Vaccine**

#### **Act-HIB®**

Page reformatted and ADVERSE EVENTS updated as per the current product monograph.

Footnote added to indicate that the booster dose may be given as early as 12 months of age provided there is a minimum interval of 8 weeks following the previous dose, as per the Canadian Immunization Guide.

**Please remove page number: 4 dated June 2015**

**Please add new page numbers: 4 & 4a dated January 2016**

### **Human Papillomavirus Vaccine [Quadrivalent (Types 6, 11, 16, 18) Recombinant] GARDASIL®**

As per a recent CD Policy decision, the “once eligible, always eligible” rule will apply as long as the individual is in the age cohort deemed to be at epidemiological risk as outlined by NACI. Therefore, Gardasil® INDICATIONS have been revised to indicate that females who missed their HPV vaccine series in the school-based program are eligible for HPV vaccine up to 26 years of age (inclusive).

**Please remove page number: 24a dated August 2015**

**Please add new page number: 24a dated January 2016**

### **Human Papillomavirus Vaccine [Bivalent (Types 16 and 18) Recombinant] CERVARIX®**

Under INDICATIONS, the expiry date of December 2015 has been removed. A very limited quantity of vaccine with an October 2017 expiry date has been distributed from BCCDC and this vaccine is no longer available for further order.

The footnote related to education materials for the Cervarix “One-time vaccine program for young women” has been removed as this content is no longer available on the ImmunizeBC website.

**Please remove page number: 25a dated August 2015**

**Please add new page number: 25a dated January 2016**

**Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Virus**

Updated content related to women who receive Rhlg postpartum and subsequent receipt of MMR and/or varicella vaccine.

**Please remove page number: 30 dated August 2015  
Please add new page number: 30 dated January 2016**

**Measles-Mumps-Rubella Vaccine (Live Attenuated Viral)**

**MMR II®**

**PRIORIX®**

Under DOSES AND SCHEDULE, indicated dosage of 0.5 mL, with the recommendation added under ADMINISTRATION to administer the entire volume of reconstituted product, which may be 0.5-0.7 mL.

Content related to recent administration of immune globulin preparations or blood products has been moved from CONTRAINDICATIONS to PRECAUTIONS.

Under CONTRAINDICATIONS, Nurse Practitioners have been added to the list of health care providers who may be consulted to obtain a written referral regarding the appropriateness of MMR vaccine administration to persons whose immune status may be suppressed as a result of disease or therapy. The referral form for MMR vaccination will be updated accordingly in the near future to include Nurse Practitioners.

Under PRECAUTIONS, updated content related to women who receive Rhlg postpartum and subsequent receipt of MMR vaccine.

**Please remove page numbers: 35a – 35d dated March & May 2015  
Please add new page numbers: 35a – 35d dated January 2016**

**Meningococcal C Conjugate (MCC) Vaccine**

**NEISVAC-C®**

**MENJUGATE®**

Pfizer Canada Inc. added as a supplier for NEISVAC-C® as this product is transitioning from GlaxoSmithKline Inc. to Pfizer Canada Inc. in 2016. During the transition period, both GSK and Pfizer labelled products may be in use.

As per a recent CD Policy decision, the “once eligible, always eligible” rule will apply as long as the individual is in the age cohort deemed to be at epidemiological risk as outlined by NACI. Therefore, Meningococcal C Conjugate Vaccine INDICATIONS have been revised to indicate that unimmunized adolescents and adults are eligible for this vaccine up to 24 years of age (inclusive).

**Please remove page number: 39 & 40 dated August 2015  
Please add new page number: 39 & 40 dated January 2016**

**Polio Vaccine (Inactivated) (vero cell origin)**

**IMOVAX® POLIO**

Page reformatted.

As per a recent CD Policy decision, under INDICATIONS, the health care worker content has been revised to indicate “health care workers who may be exposed to feces”. ‘HSCT recipients’ has also been removed as an indication.

**Please remove page numbers: 51 & 52 dated January & June 2009**

**Please add new page numbers: 51 & 52 dated January 2016**

**Tetanus-Diphtheria-acellular Pertussis (Tdap)**

**ADACEL®**

**BOOSTRIX®**

Under INDICATIONS, “select special populations” has been removed. “Wound management” has been added with an accompanying footnote for further clarification. Also, a footnote has been added to clarify the eligibility criteria for those who missed their adolescent dose.

**Please remove page numbers: 64 & 65 dated July 2015**

**Please add new page numbers: 64-65a dated January 2016**

**Varicella Vaccine (live attenuated viral vaccine)**

**VARILRIX®**

**VARIVAX® III**

Under ADMINISTRATION, content added to administer the entire volume of reconstituted product.

Content related to recent administration of immune globulin preparations or blood products has been moved from CONTRAINDICATIONS to PRECAUTIONS.

Under CONTRAINDICATIONS, Nurse Practitioners have been added to the list of health care providers who may be consulted to obtain a written referral regarding the appropriateness of varicella vaccine administration to persons whose immune status may be suppressed as a result of disease or therapy. The referral form for varicella vaccination will be updated accordingly in the near future to include Nurse Practitioners.

Under PRECAUTIONS, content updated related to women who receive RhIg postpartum and subsequent receipt of varicella vaccine. Content also added regarding the reduced effectiveness of varicella vaccine if given concurrently with antivirals active against varicella zoster.

**Please remove page numbers: 78 - 80 dated December 2013 & May 2015**

**Please add new page numbers: 78 – 80a dated January 2016**

**Please also remove the Table of Contents for Section VII – Biologicals Products dated December 2015 and replace with the enclosed updated Table of Contents dated January 2016.**

If you have any questions or concerns, please contact Christine Halpert, Senior Practice Leader, BCCDC at telephone (604) 707-2555, fax (604) 707-2515 or by email at [christine.halpert@bccdc.ca](mailto:christine.halpert@bccdc.ca)

Sincerely,



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Medical Director  
Immunization Programs and Vaccine Preventable Diseases Service  
BC Centre for Disease Control

pc: BC Ministry of Health:  
Dr. Perry Kendall  
Provincial Health Officer

Dr. Bonnie Henry  
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