



BC Centre for Disease Control

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March 24, 2003

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

Re: Revisions to the Immunization Program

Please note the following changes to the Immunization Program:

(1) Section II Immunization Schedules:

Page 3, sub-section 2.3.1: Booster doses of Td are recommended every ten years. The phrase "or as a minimum at least once during adult life" has been deleted.

Page 5, sub-section 2.3.5: Staff in community group homes for the developmentally disabled are eligible for publicly funded Hepatitis B Vaccine.

Page 7, sub-section 3.0 Schedule A: Basic Immunization, Table: "Hib Schedule When the Basic Schedule Has Been Delayed:" phrase "Age at First Dose" has been changed to "Age at Presentation." A footnote has been added regarding scheduling of Hib when the series has been interrupted.

Page 8, sub-section 4.0 Schedule B: Children 1 Year and Over but < 7 Years When Starting Immunization: deleted grade 6 and grade 9 information as it does not pertain to the specified age group. Table re: Hib scheduling has been changed to "Age at Presentation."

Page 10, sub-section 6.0 Schedule D: Adults Age 19 or Over When Beginning Immunization: added information regarding administration of TaP to immigrants with unknown immunization status.

Administrative Circular: 2003:02

(2) Section III Contraindications and Precautions:

Table of Contents: reformatted to include new sub-section 7.4 on page 8.

Page 8, sub-section 7.4 (new): Concurrent administration of conjugate and polysaccharide vaccines: there are no timing considerations for the concurrent administration of conjugate and polysaccharide vaccines that contain **different** antigens (e.g. conjugate Hib and polysaccharide meningococcal vaccine). Refer to the vaccine-specific information for administration of the **same** antigen-containing conjugate and polysaccharide vaccines (e.g. conjugate and polysaccharide meningococcal vaccines).

Page 13, sub-section 8.13 Immunoblastic therapy: the term hematopoietic stem cell transplant (HSCT) replaces the term bone marrow transplant.

Page 14, sub-section 8.13.1 Immunoblastic therapy general principles: following discussion with hematologists at BC Cancer Agency and a review of the literature, the decision was made to recommend the administration of live vaccines to HSCT recipients **no sooner than 24 months post-HSCT**. This differs from the recommendation of 12 months post-HSCT made in the 2002 Canadian Immunization Guide that was incorporated into the November 2002 revisions to the Immunization Program.

Page 15, sub-section 8.14 Adult and child immunization post hematopoietic stem cell transplant (HSCT): Varicella vaccine is no longer recommended, due to conflicting safety data. The Haematology Clinic letter sent to the patient's physician is currently being revised. It will include a schedule for vaccination of these patients.

Page 17, sub-section 9.0 References: added references in support of the changes to recommendations for immunization of post-HSCT recipients.

(3) Section IV: Vaccine Administration:

Page 9, sub-section 7.2.3 Ventrogluteal site: Due to a recent literature review, the ventrogluteal site, rather than the dorsogluteal, is the preferred site for the administration of large volumes of immune globulin preparations to children and adults.

(4) Section VI Management of Biologicals:

Page 6, sub-section 4.0: Information has been added regarding labelling of biological products for shipping.

(5) Section VII Biological Products:

Page 5: Haemophilus B Conjugate Vaccine: Phrase changes: "Age at Presentation," and HSCT. Addition of solid organ transplant as an indication for vaccine in those older than 5 years of age.

(5) Section VII Biological Products (cont'd):

Page 6: Hepatitis A Vaccine Indications:

- "liver transplant" is included as an indication for hepatitis A vaccine under "individuals with chronic liver disease."
- a footnote has been added to clarify that contacts of a case of hepatitis A receive **one** dose of vaccine post-exposure.
- Foodhandlers are included in the group "recommended but not provided free to."

Page 12: Hepatitis B Immune Globulin: the ventrogluteal is the preferred site for administration in children and adults.

Page 13: Hepatitis B Post-exposure Prophylaxis table: for post-exposure prophylaxis, a source who is unknown or not tested is to be considered the same as a source who tests negative for hepatitis B surface antigen within 48 hours post-exposure.

Page 14: Hepatitis B Pre-exposure Indications:

- "liver transplant" is included as an indication for hepatitis B vaccine under "individuals with chronic liver disease".
- "Staff and residents of institutions for the developmentally disabled" has been deleted in the "Recommended but not provided free" list.

Page 23: Hepatitis B Vaccine for End Stage Renal Disease Clients: the category for the youngest clients is birth to 6 years of age.

Page 24: Hepatitis A and B Vaccine Combined (Twinrix™): two new schedules have been added – a rapid dosing schedule, and a two dose schedule for persons 6 months to 15 years of age.

Page 25: Hepatitis A and Hepatitis B Vaccine Combined (Twinrix Junior™): a rapid dosing schedule has been added.

Page 28: Immune Globulin Preparations: The ventrogluteal is the preferred site for the administration of all immune globulin preparations to children and adults.

Page 33: Japanese Encephalitis Vaccine: a typographic error has been corrected in the "initial series" and "reinforcements" section. The number 1 was omitted in "Children ≥ 1 and < 3 years of age".

Pages 35 and 37: Meningococcal C Conjugate Vaccines:

- Effective April 1, 2003 meningococcal C conjugate vaccine will be provided free to persons of all ages with the specified high-risk conditions.

Pages 35 and 37: Meningococcal C Conjugate Vaccines (cont'd):

- Notation made that schedules apply to both healthy and high-risk children.
- The term hematopoietic stem cell transplant (HSCT) replaces the term bone marrow transplant (BMT).
- Recipients of solid organ transplants are eligible for free vaccine.

Pages 36 and 38: Notation made that schedules apply to both healthy and high-risk children.

Page 39 Meningococcal Polysaccharide Vaccine: recipients of solid organ transplants are eligible for free vaccine.

Page 41: Pneumococcal Conjugate Vaccine (Pneumo 23™):

- Effective April 1, 2003 Pneumo 23™ will be provided free to those 2 months to 59 months of age who are at high risk of pneumococcal disease as specified. Note that asplenic to 16 years of age (inclusive) are eligible for this vaccine and that vaccine is recommended for children 12 to 59 months of age in receipt of solid organ transplants.
- Effective April 1, 2003 Pneumo 23™ will be provided free to all aboriginal infants and children 2 months to 59 months of age.
- Prioritized the listing of high-risk groups.
- Notation made that schedule applies to both healthy and high-risk children.
- Please note that high-risk children 12 to 59 months of age receive 2 doses of Pneumo 23™; healthy children 12 to 59 months of age receive 1 dose.
- Footnote added pertaining to scheduling of Pneumo 23™ if the series has been interrupted.

Page 42: footnote added that these schedules are for the high-risk children as listed on page 41 under **Indications: (1)**

Page 43: Pneumococcal Polysaccharide Vaccine (Pneumo 23™):

- Prioritized the listing of high-risk groups.
- Persons in receipt of solid organ transplants are also eligible for publicly funded pneumococcal polysaccharide vaccine.
- Deleted reference to asthma. The re-worded indication pertains to individuals being immunosuppressed by virtue of disease or therapy. For example, being on high dose, systemic steroids (2 mg/kg of prednisone or a maximum daily dose of 20 mg for more than 2 weeks). While asthmatics may be on this type of medication regimen, there are also other conditions that may be similarly managed. Persons with these conditions are also eligible for publicly funded pneumococcal polysaccharide vaccine.

Page 45: Human Rabies Immune Globulin: the ventrogluteal is the preferred site for administration in children and adults.

Page 46: Human Rabies Immune Globulin: deleted bullet: “Administer HRIG in a hospital setting.” This bullet was included in error.

Page 52: Tetanus-Diphtheria (Td) Adsorbed: deleted “...or as a minimum at least once during adult life.” Boosters of Td are recommended every 10 years.

Page 53: Tetanus-Diphtheria-acellular Pertussis (Tdap) Adacel™: re-worded indications – “children \geq 7 years of age who are not immunized or who are incompletely immunized; immigrants \geq 7 years of age with unknown immunization status.

Page 55: Tetanus Immune Globulin: The ventrogluteal is the preferred site for the administration of TIG in children and adults.

Page 57: Tuberculin Skin Test: "a history of an anaphylactic reaction to a previous test with Tubersol® or to any of its components" has been added to the contraindications section. Testing is also contraindicated for an individual with severe burns or eczema. Test results \geq 5mm are considered as positive in the following groups: contacts of an active case of TB, immunocompromised individuals, individuals with HIV infection, IVDUs, and individuals with chest x-ray compatible with previous TB disease.

Page 58: Typhoid Vaccine (live oral attenuated) (Ty21a in liquid presentation) and Page 60: Typhoid Vaccine (live oral attenuated) (Ty 21a in capsule presentation): reinforcements are now recommended every 4 years as required.

Page 59: Typhoid Vaccine (Typhoid Vi™) and Page 61: Typhoid Vaccine (Typherix™): reinforcements are now recommended every 2 years as required.

Page 62: Varicella Zoster Immune Globulin: the ventrogluteal is the preferred site for administration in children and adults.

Page 63: Varicella Vaccine (Varivax ®III): new footnote pertaining to children with rheumatoid arthritis or other conditions requiring chronic salicylate therapy. Parents of these children should consult their physician due to the recommendation that children should avoid taking salicylates for 6 weeks following varicella immunization.

Please remove and destroy the following pages from the Immunization Chapter of the Communicable Disease Control Manual:

Section II, pages 3, 5, 7, 8, and 10
Section III, TOC and pages 8, 13, 14, 15, and 17
Section IV, page 9
Section VI, page 6
Section VII, pages 5, 6, 12, 13, 14, 23, 24,
25, 28, 33, 35, 36, 37, 38, 39, 41, 42, 43, 45,
46, 52, 53, 55, 57, 58, 59, 60, 61, 62, and 63

Dated November 2002

Insert the following pages in the Immunization Chapter:

Section II, pages 3, 5, 7, 8, and 10
Section III, TOC and pages 8, 13, 14, 15, and 17
Section IV, page 9
Section VI, page 6
Section VII, 5, 6, 12, 13, 14, 23, 24,
25, 28, 33, 35, 36, 37, 38, 39, 41, 42, 43, 45,
46, 52, 53, 55, 57, 58, 59, 60, 61, 62, and 63

Dated March 2003

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

Sincerely,

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