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

February 7, 2008

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 2 – Immunization Program

(1) Section II – Immunization Schedules

Pages 1 to 16: Footnote symbols are numeric (❶ ❷ ❸ ❹...) for clarity.

Page 10: Adult and Child Post-Hematopoietic Stem Cell Transplant (HSCT):

- The first dose in a tetanus-diphtheria series post - HSCT is given as one dose of tetanus-diphtheria-acellular pertussis (Adacel™) for individuals ≥ 7 years of age. This recommendation has been on the worksheet for adult HSCT recipients. Both this page and the biological product page had previously recommended the vaccine for use in HSCT recipients ≥ 7 to 17 years of age.
- Varicella vaccine is recommended for children and adults, with specialist's approval only. The previous recommendation applied only to children.

Page 11: 11.0 Worksheet for Immunization of Adult Hematopoietic Stem Cell Transplant (HSCT) Recipients:

- A second dose of MMR is recommended 6 – 12 months after the first dose, with no recommendation for post-vaccination testing.
- Varicella vaccine is recommended, with specialist's approval only.

Page 13: 12.0 BC Children's Hospital Multi-organ Transplant Clinic Accelerated Immunization Schedule for Children Expected to be Transplanted Before 18 Months of Age:

- Schedule for MCC vaccine (NeisVac-C) changed to doses at 2 and 4 months of age, to provide earlier protection to a high risk infant, and a booster dose at 12 months.

Administrative Circular # 2008:02

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(2) Section VII - Biological Products:
All pages:

- In follow-up to the 2007 survey of public health nurses, Section VII has been reformatted for increased clarity, consistency, and ease of use.
- With the new format, the information for most biological products required a number of pages. Please be mindful of this when reviewing product information.
- While most pages present "Indications" and "Initial Series" in a vertical format some present them in a horizontal format due to the large number of indications. That is:

INDICATIONS	INITIAL SERIES
(1) (2) (3)	(1) (2) (3)

- Footnote symbols are numeric (❶ ❷ ❸ ❹...). Footnotes are found at the end of the page(s) for each biological product.
- The following pages have been removed: Dukoral™, Japanese Encephalitis, Smallpox vaccine, ViVAXIM™ and Yellow Fever vaccine. These are vaccines that are indicated for travel and for which there are no publicly-funded indications.
- For convenience, reference to ViVAXIM™ remains in the lists of interchangeable Hepatitis A and typhoid vaccines.
- Pages for Hepatitis A and B vaccines Combined (Twinrix™ and Twinrix Junior™) remain in the Section VII for convenience as clients frequently present having had a dose of a combined vaccine, but needing series completion with single antigen vaccines.

Page 5: Indications for Hepatitis A Vaccine and
Page 14: Indications for Hepatitis B vaccines:

- Hemochromatosis has been added as an indication for Hepatitis A and Hepatitis B vaccines. Hemochromatosis, a disease of iron metabolism in which iron accumulates in body tissues, can cause liver damage.

Page 6: Hepatitis A Vaccine (Havrix®):

- When using the Havrix® prefilled syringe presentations, administer the entire contents of the prefilled syringe (for all age groups and for each dose).
- For those ≥ 6 months up to and including 18 years of age:
    - The 2006 Canadian Immunization Guide no longer recommends that the second dose can be 0.25 ml of Havrix®720 Junior
    - For this age group, 0.5ml of Havrix®720 Junior is to be given for both doses.

- For those ≥ 19 years of age, the option remains for the second dose:
  - **Dose 1:** 1.0 ml HAVRIX®1440 (1440 ELU per 1.0 ml)
  - **Dose 2:** Preferentially, administer Havrix®720 Junior: 0.5 ml 6 to 12 months after dose 1 (if only Havrix®1440 is available, give 1.0 ml for second dose)
- Footnote added to indicate that studies have shown that 720 ELISA units provide an effective booster in those ≥ 19 years of age.

Pages 6, 8, 9 and 10: Hepatitis A vaccine pages:

- Note added under "Special Considerations" on all Hepatitis A vaccine pages: "Post-vaccination testing is not indicated following a Hepatitis A vaccine series." There is a high response rate to hepatitis A vaccine, and the commercially available test kits are not sufficiently sensitive for detecting vaccine-induced immunity.

Page 11: Hepatitis B Immune Globulin (HBIg):

- Reworded Indication #5 to: "Sex with a person who has acute or chronic hepatitis B infection." That is, HBIg is indicated after one sexual exposure to someone with acute or chronic hepatitis B infection. This indication had previously stated "Sexual partner(s) of person with known acute or chronic hepatitis B infection" and had been interpreted by some as meaning regular/steady sexual partners.

Pages 12 and 13: Hepatitis B Post-Exposure Prophylaxis:

- While HBIG should be given as soon as possible after an exposure, it may be given up to 7 days following a percutaneous exposure and up to 14 days following permucosal or sexual exposures.

Page 18: Hepatitis B Vaccine Pre-Exposure (Recombivax®):

- Previous schedule indicated a second dose of vaccine 4 – 6 months after the first dose for the grade 6 Hepatitis B vaccine program. For logistical reasons, with an expected HPV program in Grade 6 in the fall of 2008, the second dose is now recommended to be given 6 months after the first dose.

Page 34: Influenza Vaccine Indications:

- People at high risk: "Individuals with severe rheumatoid arthritis requiring immunosuppressive therapy" has been added as an example of therapy-related immunosuppression.
- People capable of transmitting influenza to those at elevated risk for complications of disease: clarification that HCW groups include those in community settings, as well as staff in health care facilities.

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Pages 38 and 39: MMR vaccine:

- Revised wording under “Indications” for increased clarity: recommendations have not changed
- New footnote: “Second dose is provided for protection against measles.”

Pages 40 and 42: Meningococcal C conjugate vaccines (MCC) - Meningitec™ and Neis VacC:

- Meningitec™ is now licensed with a dosing schedule of 2 doses in infancy followed by a booster dose after 12 months of age
- If an infant has a history of receiving their last dose of any MCC vaccine before 12 months of age, give an additional dose at ≥ 12 months of age. This replaces the previous recommendation that had an infant received their last dose of any MCC vaccine at ≥ 5 months, but less than 12 months of age, another dose was not warranted.
- This dose on or after 12 months of age can be offered opportunistically to children who present with a history of MCC vaccination with a final dose at ≥ 5 months of age, but no dose at ≥ 12 months of age.
- Revision to indications for both vaccines:
  - Children who received their last dose of any MCC vaccine when they were less than 12 months of age are to receive one dose of MCC vaccine ≥ 12 months of age (per new recommendation in above bullet).
  - Children ≥ 2 months to < 12 months of age who are at high risk medically or close contacts of a case of invasive meningococcal group C disease are to receive three doses of any MCC vaccine. The second dose will provide earlier protection:
    Dose 1: 0.5 ml **IM**
    Dose 2: 0.5 ml **IM** at least 2 months after 1st dose
    Dose 3: 0.5 ml **IM** at ≥ 12 months of age (at least 2 months after 2nd dose)
  - Removed Grade 6 indication on the Meningitec™ page

Page 44: Menactra:

- All indications for this vaccine are now on one page.

Page 54: Polio Vaccine:

- Revised wording under “Indications” for increased clarity; recommendations have not changed
- Recommendation added to provide one dose (0.5 ml **IM**) for children ≥ 7 years of age who have not received a polio booster on or after their 4th birthday.

Page 67: Tetanus-Diphtheria-acellular pertussis (TdaP) Adacel™:

- HSCT and solid organ transplant candidates or recipients from ≥ 7 years of age are recommended to receive one dose of TdaP, followed by two doses of Td/IPV. The previous TdaP recommendation for this high risk group was for those ≥ 7 to 17 years of age only.

Pages 82, 83 and 84: Varicella vaccine

- Pages for Varivax®III and Varilrix® have been combined. The section "Vaccine Components" lists separately the components of each vaccine.
- Added under "Precautions": Varicella immunization for immunocompetent clients should be given on the same day or delayed until 4 weeks after administration of any other live vaccine.

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

(1) Section II – Immunization Schedules:
Remove and destroy pages 1 - 16
(2) Section VII – Biological Products.
Remove and destroy the Table of Contents and all pages.

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

(1) Section II – Immunization Schedules:
Pages 1 to 16 **Dated February 2008**

(2) Section VII – Biological Products:
Table of Contents
Pages 1 – 84 **Dated February 2008**

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Sincerely,

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