April 28, 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

Please note this Administrative Circular is back-numbered to 2008:04.

Administrative Circular 2008:05, dated March 12, 2008 was incorrectly numbered.

Please note the following revisions:

(1) Section II – Immunization Schedules

Table of Contents:
- Updated to reflect changes in this section.

Page 7: Schedules:
- Updating of Schedule 6.0 “Reinforcing Immunization of Previously Immunized Adults”: Tetanus-Diphtheria (Td) indicated rather than single antigen vaccines.
- New schedule, 6.1: Immunization of Individuals ≥ 65 years of age.

Page 8: Minimum Intervals
- Minimum intervals in weeks, where applicable, for consistency in the table.
- The minimum age for a first dose of Neis Vac – C, and the interval between the first and second dose is written in weeks, rather than months. The vaccine can be given at 8 weeks of age; the second dose is given on or after 12 months of age and at least 8 weeks after a previous dose.
- Minimum intervals added for Gardasil™, and a footnote added to clarify use of this schedule.

Page 9: Vaccines Recommended for High risk Clients:
- Addition to footnote 1 to indicate use of pneumococcal polysaccharide for asplenics ≥2 years of age.
- Addition to footnote 2 to indicate that live vaccines are provided to adults and children post-HSCT only with specialist approval, no evidence of graft-versus host disease, and not receiving immunosuppressive treatment.
Pages 11 & 12: Worksheets for adult and child HSCT recipients:
- Ages for “adult” and “child” included in worksheet header.
- Renumbering of footnotes.
- Footnotes for MMR and varicella reordered for clarity.
- MMR and varicella vaccines provided only with specialist approval, no evidence of graft-versus-host disease and not receiving immunosuppressive treatment.

(2) Section VII - Biological Products:

Page 11: Hepatitis B Immune Globulin:
- Correction to “Indication” (3) to read “Infant < 12 months of age whose mother has acute hepatitis B.” This revision was made via Administrative Circular 2007:14, dated October 25, 2007. In the major re-formatting revisions to Section VII, sent with Administrative Circular 2008:02, dated February 7, 2008, the text had reverted to the wording prior to the October 2007 revision. HBIG is not indicated for household contacts of acute cases, except in this age group (depending on immunization history), when the mother is acutely infected.

Page 27: Human Papilloma Vaccine (Gardasil™):
- In anticipation of the school-based HPV program, added to “Indications”: “Starting in 2008-2009 school year: girls in grades 6 and 9”.
- Footnote 4 changed to read “Gardasil™ vaccine can be administered at the same visit as other age-appropriate vaccines, using a separate syringe and a different anatomic site.”
- New footnote 5 added, with timing of doses, and use of minimum interval schedule only at the client-specific level based on health care provider assessment.

Page 38: Measles/Mumps/Rubella Vaccine:
- The list of “Contraindications” on this page was in the format used for footnotes; this has been changed to numbers.
- Second dose MMR for eligible clients, “Indication” (4) added to page.
Page 42: Meningococcal C Conjugate (MCC) Vaccine Neis Vac-C:
- “Indications” (3) has been footnoted to direct users to the list of high risk conditions for meningococcal vaccines.

Pages 50, 51, 52 & 53: Pneumococcal Polysaccharide Vaccines:
- Homelessness and/or illicit drug use have been added to “Indications.”
- Footnotes for the new indications state that the homeless population is to be defined by the local jurisdiction, and that crack cocaine smokers have been shown to be at increased risk of invasive pneumococcal disease.

Pages 66 & 67: Tetanus-Diphtheria-Acellular Pertussis (Tdap):
- Tdap is recommended for Solid Organ Transplant candidates or recipients not previously immunized. This has been added to “Indication” (7) and to footnote 4.

Page 73: Tuberculin Skin Test (Mantoux) Tubersol:
- Precautions: third bullet now includes Yellow Fever in the list of live vaccines that can be given on the same day as TB skin testing.

Page 82: Varicella Vaccine:
- Under “Indication” (5): Susceptible immunocompromised: “Receiving inhaled or topical steroids” has been removed. Children and adults taking low dose steroid therapy are included under indication (2): “Susceptible children, adolescents and adults, including health care workers”.
- Indication for vaccine added: Adults following HSCT: ≥ 2 years after HSCT, providing there is no graft- versus host disease and no ongoing immunosuppressive treatment; with medical specialist approval; use Varilrix®

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

(1) Section II – Immunization Schedules:
- TOC August 2007
- Pages 7, 8, 9, 10, 11 &12 Dated February 2008

(2) Section VII – Biological Products.
- Pages 11, 27, 28, 38, 42, 50, 51, 52, 53, 66, 67, 73 & 82 Dated February 2008
Please insert the following pages in the Communicable Disease Control Manual, Chapter 2 – Immunization Program:

(1) Section II – Immunization Schedules:
TOC and pages 7, 8, 9, 10, 11 & 12                     Dated April 2008

(2) Section VII – Biological Products:
Pages 11, 27, 28, 38, 42, 50, 51,
52, 53, 66, 67, 73 & 82                     Dated April 2008

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 e-mail cheryl.mcintyre@bccdc.ca or karen.pielak@bccdc.ca

Sincerely,

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