



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

February 17, 2009

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**

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

(1) SECTION IV - ADMINISTRATION OF BIOLOGICAL PRODUCTS:

Page 2, Subsection 2.2 “Informed Consent:”

- Added link to the Informed Consent guidelines, recently posted online as part of the Communicable Disease Control Manual, Chapter II – Immunization Program, Section XI.

Page 3, Section 3.0 “Considerations for the scheduling and administration of multiple injections:”

- Revised wording:
 - i. Pertaining to administration of two or more biological products: “it is preferable, but not necessary, to use different limbs”.
 - ii. “When administering two or more biological products in the same limb, separate the injections by as much distance as possible.” The previous recommendation had been to separate the injections by a distance of at least 2.5 cm (1”). That distance may not be possible due to the administration of two or more injections.
- Clarified IM injection sites for those < 12 months of age and those ≥ 12 months of age.

Administrative Circular # 2009:03



Page 6, Section 6.0 “Drawing up Biological Products in Ampule Presentation:”

- Wording in 4th paragraph changed to: “Break the neck of the ampule using sterile cotton gauze.” Previous wording of “break the neck of the ampule using cotton pad/unopened alcohol swab” could have resulted in contamination of the open ampule.

Page 17, Section 9.3 “Intramuscular (IM) injection route: “

- New website address for the Quebec Ministry of Health Services video clips demonstrating slow and rapid injection techniques.

Page 24, Section 14.0 “Documentation:”

Added the following to the list of data to be recorded in the client’s record following immunization:

- any recommended biological products that were not given (i.e., declined, deferred, or contraindicated)
- informed consent for immunization obtained (see [BC Communicable Disease Control Manual, Chapter 2, Section XI](#)).

(2) SECTION V –MANAGEMENT OF ANAPHYLAXIS IN A NON-HOSPITAL SETTING:

Following release of the October 2008 version of these guidelines, many questions and suggestions for clarification were received and the following revisions have been made:

Page 3, Subsection 1.4 “Action of epinephrine:”

- New sentence added to the end of the second paragraph: “Therefore, intramuscular (IM) is the preferred route for the administration of epinephrine and the thigh is the preferred site for its administration.”

Page 4, Subsection 2.1 “Fainting:”

- New sentence added to the end of the second paragraph: “Unconsciousness may reflect hypoxia.”

Page 5, Subsection 2.3 “Anaphylaxis versus fainting and anxiety:”

- Under column titled “Anaphylaxis,” added an end row titled “Other symptoms” that includes loss of consciousness and progression of injection site reaction beyond hives and swelling.
- Under column titled “Anxiety,” added hyperventilation to rows titled “Breathing” and “Symptoms & Behaviours.”



Page 6, Subsection 2.4 “Allergic reaction:”

- New subsection describing the major difference between anaphylaxis and an allergic reaction.

Page 6, Subsection 2.5 “Injection site reactions:”

- Added instruction to release the client from observation when there is no evidence of any progression to other parts of the body or any other symptoms within the 30-minute observation period.

Page 6, Section 3.0 “SUPERVISION OF VACCINEE POST IMMUNIZATION:”

- Added “according to Health Authority guidelines” to end of statement “If an individual has such an allergic history, immunization should occur in an emergency room setting.”

Page 7, Section 4.0 “ADMINISTRATION OF EPINEPHRINE:”

- Specified the upper outer triceps area of the infant’s arm(s) as the site for the SC administration of epinephrine to infants < 12 months of age who have received an IM vaccine in each thigh.
- Revised the note regarding the use of epinephrine self-injectors. The regular preparations contain 0.30 mL of epinephrine 1:1000 and can be used for individuals over 6 years of age. The 2006 Canadian Immunization Guide states a dose of 0.30 mL of epinephrine 1:1000 may be considered for a mild reaction.
- The information regarding the use of epinephrine self-injectors is intended to apply to a lay person’s use of an epinephrine self-injector, not for an immunization provider’s use. An immunization provider should be administer epinephrine from an ampule format for more precise dosing according to age or weight.

Page 8, Section 5.0 “ADMINISTRATION OF DIPHENHYDRAMINE HYDROCHLORIDE (BENADRYL®):”

- Outlined the following for the use of IM Benadryl®:
 - only **one** dose is to be given
 - is painful when given IM
 - can be given into the same muscle mass as the vaccine was given.

Page 9, Section 6.0 “OTHER CONSIDERATIONS:”

- New Table 2 “Pulse and Respiratory Rates.” This table breaks down the younger age groups into more categories according to months of age. The previous table had not included respiratory rates.





Page 10, Section 8.0 “RECORD:”

- Last paragraph more clearly specifies when to complete the form “Enhanced Surveillance for Clusters of Suspected Anaphylaxis Following Vaccination” (i.e., when **two** or more cases of anaphylaxis occur in association with the same **lot of** vaccine(s) within a **week** in a health unit).

Page 11, Section 9.0 “MAINTENANCE OF EPINEPHRINE VIALS AND OTHER EMERGENCY SUPPLIES:”

- Revised list of **suggested** contents for epinephrine kits. Health Authorities are to decide what to include in their epinephrine kits.

Page 12, Section 10.0 “EMERGENCY TREATMENT OF ANAPHYLAXIS”

- Clarified recommended sites for administration of epinephrine when both thighs were used for immunization:
 - give epinephrine **IM** into deltoid if client is ≥ 12 months old
 - give epinephrine **SC** into upper outer triceps area of the arm(s) if client is < 12 months old
- Clarified that **one** dose of diphenhydramine hydrochloride 50 mg/mL IM is to be given and it can be given, according to age, into the same muscle mass as vaccine was given.

Page 14, Section 12.0 – “ENHANCED SURVEILLANCE FOR CLUSTERS OF SUSPECTED ANAPHYLAXIS FOLLOWING VACCINATION:”

- The form “Enhanced Surveillance for Clusters of Suspected Anaphylaxis Following Vaccination” has been revised and is now included within the guidelines, as well as still being posted at <http://www.bccdc.org/content.php?item=28>
 - Added client information fields (name, date of birth, sex, PHN) and the vaccine information (vaccine(s) given, manufacturer, lot number, dose number). These fields were left out of the original version of the form as it was assumed these forms would be submitted to BCCDC “in context” (i.e., with the iPHIS AEFI report, or an e-mail/phone call with information about the vaccine given/ages of clients, etc.). BCCDC has received these forms with no context provided, so it was realized there was a need to include the above information to (i) find the client's record in iPHIS and (ii) quickly get an idea of what the problem is (i.e., anaphylaxis following MMR in infants vs. anaphylaxis following influenza in seniors) without having to look in iPHIS.
 - The form has also been expanded to two pages because it was very difficult to read the 1-page version after it was faxed.



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Page 17, Section 13.0 – “REFERENCES”

- Additional reference noted as the source for Table 2.

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter II – Immunization Program, Section IV - Administration of Biological Products:

Pages 2, 3, 6, 17, and 24

Dated October 2008

Please insert the following replacement pages in the Communicable Disease Control Manual, Chapter II – Immunization Program, Section IV - Administration of Biological Products:

Pages 2, 3, 6, 17, and 24

Dated February 2009

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter II – Immunization Program, Section V – Management of Anaphylaxis in a Non-Hospital Setting:

Table of Contents
Pages 1 – 14

Dated September 2008

Please insert the following replacement pages in the Communicable Disease Control Manual, Chapter II – Immunization Program, Section V - Management of Anaphylaxis in a Non-Hospital Setting:

Table of Contents
Pages 1 – 17

Dated February 2009





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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 email at karen.pielak@bccdc.ca or cheryl.mcintyre@bccdc.ca

Sincerely,

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