



June 5, 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:

(1) SECTION IIA – “IMMUNIZATION SCHEDULES:”

**Page 4, “1.2.1 Alternate Schedule B: Children \geq 1 Year But $<$ 7 Years
When Starting Immunization:”**

- For consistency with Schedule B, “Pneumococcal conjugate” was removed from the “Two months after 1st DTaP- IPV-Hib” list of vaccines
- Footnote ③ is now consistent with the footnote for Pneumococcal conjugate with Schedule B.

**Page 6, “1.4 Schedule C: Children 7 Years To 17 Years (Inclusive) When
Starting Immunization:”**

- Revised wording for footnote ③ “The Recombivax® (Merck Frosst) vaccine two dose schedule (0 and 6 months) is used for students in grade 6, **and** for individuals from \geq 11 to \leq 15 years of age.” While Recombivax is most frequently used in its two dose schedule for grade 6 students, it is also licensed as a two dose schedule for the age group \geq 11 to \leq 15 years of age.

**Page 8, “1.6: Schedule E: Immunization For Adults Who Have Completed A
Primary Series Of Childhood Vaccines:”**

- Added timeframes for frequency of immunization for polio and pneumococcal polysaccharide vaccines.

(2) SECTION IIB - “CONTRAINDICATIONS AND ROUTINE PRECAUTIONS:”

Page 4, “3.1 Anaphylactic Reaction To Eggs:”

Added the rationale for egg allergy **not** being a contraindication to MMR vaccine.

(3) SECTION III – “IMMUNIZATION OF SPECIAL POPULATIONS:”

Page 4, “1.0 Immunocompromised individuals:”

- Added clarification that only HSCT clients require re-immunization due to the hematopoietic ablative therapy preceding the transplant. All other immunocompromised individuals should be immunized according to past immunization history. The exception to this is asplenic clients > 5 years of age who should receive one dose of Hib vaccine regardless of their immunization history.

Page 10, “1.4.1 Referral Form For Varicella Vaccination:”

- Added note that there is no need to test for VZV IgG prior to immunization of HSCT recipients. These clients require re-immunization due to the hematopoietic ablative therapy preceding the transplant.

Page 12, “1.5.1 Anatomic or functional asplenia:”

- Correction for Hib vaccine: “All individuals > 5 years of age require one dose regardless of immunization history.”
- Added following footnote: “With the exception of Hib vaccine, where one dose is recommended regardless of immunization history, asplenic individuals do not require re-immunization.”

Page 13

- Re-dated only as previous content from page 12 carried over to page 13. There are no revisions to page 13.

Page 17, “Table 4: Worksheet for Immunization of Adult Hematopoietic Stem Cell Transplant (HSCT) Recipients (those ≥ 18 years of age)” and page 18, “Table 5: Worksheet for Immunization of Child Hematopoietic Stem Cell Transplant (HSCT) Recipients (those < 18 years of age):”

- Additional recommendation to footnote ③: “If antibody is not detectable, the client should be offered Varlg on subsequent exposures to wild-type varicella.”

Page 31, “Table 8: BC Children’s Hospital Multi-organ Transplant Clinic Accelerated Immunization Schedule For Children Expected To Be Transplanted Before 18 Months Of Age” and page 32, “Table 9: BC Children’s Hospital Multi-organ Transplant Clinic Routine Immunization Schedule for Children Expected to be Transplanted After 18 months of age:”

- Moved first two footnotes into the “comments” column
- Age group of 14 – 16 years is now specified as grade 9
- Added HPV vaccine for grade 6 and 9 students

Page 31, “Table 8: BC Children’s Hospital Multi-organ Transplant Clinic Accelerated Immunization Schedule For Children Expected To Be Transplanted Before 18 Months Of Age:”

- Added Hib vaccine to be given at 15 months of age. This had been an omission.

Page 32, “Table 9: BC Children’s Hospital Multi-organ Transplant Clinic Routine Immunization Schedule for Children Expected to be Transplanted After 18 months of age:”

- Added a new row titled: “At time of pre-transplant assessment or in grade 6” in order to include the vaccines routinely given in grade 6, should the client not have received them previously.

Page 43, “2.9 Women who are pregnant or planning a pregnancy:”

- Recommendation added to revaccinate with MMR if the rubella antibody status is negative at 2 months postpartum when Rh immune globulin (Rhlg) and MMR vaccine are given concurrently postpartum. Added recommendation that no testing is required after the second dose of MMR vaccine.

Page 46, “3.1 Health and Childcare Workers:”

- Listing of tetanus-diphtheria, varicella, and MMR vaccines collapsed into one row titled “All routine vaccines provided free.”
- Deleted the following vaccines as they are not indicated: BCG, hepatitis A, meningococcal, and pneumococcal.
- Added recommendation for polio vaccine: “Administer a single booster dose 10 years after primary series.”

(4) SECTION IV – “ADMINISTRATION OF BIOLOGICAL PRODUCTS:”

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

- The following information added to the last sentence: “if two live parenteral vaccines are not given on the same day and are given less than four weeks apart, the vaccine that was given second should be repeated 28 days after it was given.”

Page 6, “6.0 DRAWING UP BIOLOGICAL PRODUCTS IN AMPULE PRESENTATION:”

- Prior recommendation was to break the neck of the ampule using sterile cotton gauze. As this is not usually available in Health Units, recommendation changed to using the alcohol swab that was used to wipe the neck area of the ampule prior to its opening, a clean cotton ball, or clean cotton gauze.

Page 19, “10.0 Client observation following immunization:”

- The following new recommendation added to this subsection: “If a band-aid is applied to an infant or toddler, advise its removal before leaving the clinic. This is to avoid the risk of the child choking on the band-aid.”

(5) SECTION V – “MANAGEMENT OF ANAPHYLAXIS IN A NON-HOSPITAL SETTING:”**Page 12, “10.0 Emergency Treatment of Anaphylaxis:”**

- Under section “If symptoms are not controlled or to maintain symptom control....”
 - Added preferable to the following statement: “Give **one dose** of diphenhydramine hydrochloride 50 mg/ml IM **preferably** at a different site to that in which epinephrine was given.”
 - Added recommendation that diphenhydramine hydrochloride can also be given into same muscle mass as vaccine was given.

(6) SECTION VII – “BIOLOGICAL PRODUCTS:”**Page 1, INFANRIX hexa™:**

- Added another bullet under “Special Considerations:” “INFANRIX hexa™ contains only a single dose of HB vaccine (as Engerix) and is not indicated for infants and children requiring a double dose of hepatitis B vaccine.”

Page 3, QUADRACEL®:

- Addition to footnote ② that the minimum interval between dose 3 and dose 4 is six months.

Page 4, Act-HIB ®:

- In indication 2, corrected the age for unimmunized persons to > 5 years of age. It had previously stated ≥ 5 years of age.

Page 13, “Table 5: HEPATITIS B Post-Exposure Prophylaxis: ”

- In column “Post-exposure re-testing” revised recommended time frames for re-testing to be consistent with recent revisions to the guidelines for the management of blood and body fluid exposures. That is, re-testing for all 3 markers at 6 and 9 months.

Page 14, Hepatitis B Vaccine Pre-exposure Indications:

- Under “provided free to” added “Provided free by employers for Health care Workers and others at occupational risk of exposure to blood or body fluids (e.g., dentists, dental hygienists, assistants and technicians, etc.) This reflects the WorkSafe BC regulations for vaccination of employees, available at <http://www2.worksafebc.com/publications/OHSRegulation/Part6.asp#SectionNumber:6.39>

Page 16, Engerix®-B:

- Added the following to footnote ❶: “The exception is: All persons who receive the 2-dose RecombivaxHB® schedule (e.g., routine grade 6 program).”

Page 31, “Influenza Vaccine (Inactivated Split Virion):”

- The September 2008 Influenza vaccine eligibility page was inadvertently omitted when changes were made to Section VII in January 2009. Vaxigrip® is preferentially recommended for pregnant women. Previous indication for use of Vaxigrip® for healthy children age 6 – 23 months is no longer listed.

Page 33, “Influenza Vaccine (Inactivated Split-Virion) (Thimerosal-reduced Vaxigrip®):”

- Recommendation is for preferential use in pregnant women. Previous indications (no longer listed) had stated it may be used for children aged 6 to 23 months, high risk pregnant and lactating women, and other eligible individuals as vaccine availability permitted.

Pages 35 and 36, “Measles/Mumps/Rubella Vaccine (Live Attenuated Viral) MMRII™ & Priorix™:”

- Hyperlinked [Referral Form for MMR Vaccination](#).

Page 37, “Meningococcal C Conjugate (MCC) Vaccine (Meningitec™)” and page 39, “Meningococcal C Conjugate (MCC) Vaccine (Neis Vac-C):”

- Added two new indications to both pages:
 - Adults born on or after January 1, 1988. This is the age group that was eligible for MCC in Grade 12 from March 2005 to June 2007
 - Children that received Menactra® prior to 11 years of age, and are age-eligible for MCC vaccine. This recommendation is made because the immunogenicity of Menactra in children aged 2-10 years is lower than among older children, and its effectiveness in this age group in prevention of group C disease has not been demonstrated, whereas that of MCC vaccines has been.

Page 40, “Meningococcal C Conjugate (MCC) Vaccine (Neis Vac-C):”

- Page now includes content carried over from page 39 due to space constraints.
- Footnote ❸ now emphasizes that the recommendation pertains to medically high risk children.

Page 52, “Polio Vaccine (Inactivated) (Imovax®Polio) (vero cell origin):”

- In the “Reinforcements” row:
 - added timing of the single booster dose (i.e., 10 years after the primary series) for individuals ≥ 18 years of age who are at increased risk of exposure to wild polioviruses.
 - wording of the listing of those at increased risk of exposure to wild polioviruses made consistent with page 7, Section IIA – “1.5 Schedule D: Unimmunized Adults Age 18 or Over When Beginning Immunization.” No new groups were added to the list.

Pages 58 & 62, “Rabies Vaccines Post-exposure [Human Diploid Cell Vaccine (HDCV)] (Inactivated) Imovax® Rabies, and Rabavert® [Purified Chick Embryo Cell Vaccine]: ”

- New phone number (1-877-747-2522) for BCCDC Laboratory Services calls regarding rabies.

Page 65, “Tetanus-Diphtheria-acellular Pertussis (Tdap) (ADACEL®):”

- Rationale included for the guideline that a minimum interval of 6 months is acceptable between the Grade 9 administration of ADACEL® and a previous dose of a tetanus-containing vaccine.

Page 66, “Tetanus-Diphtheria-Inactivated Poliomyelitis Adsorbed (Td/IPV):”

- In footnote ② added timing of the single booster dose (i.e., 10 years after the primary series) for individuals ≥ 18 years of age who are at increased risk of exposure to wild polioviruses and made the wording of the list consistent with page 7, Section IIA – “1.5 Schedule D: Unimmunized Adults Age 18 or Over When Beginning Immunization.” No new groups were added to the list.

Page 77, Varicella Zoster Immune Globulin (VariZIG):

- Revised protocol to obtain this immune globulin: contact the supervisor of the Blood bank at the nearest hospital, rather than contacting Canadian Blood Services directly.

Page 78, 79 & 80 Varicella Vaccine (live attenuated) Varivax® and Varilrix®:

- Individuals with cystic fibrosis and individuals on chronic salicylate therapy are listed as “high risk.” They would be included in the group of individuals for whom concurrent immunization with another live vaccine would be contraindicated.
- Footnote symbol ⑥ added to Contraindication 8 regarding timing considerations for live vaccines and immune globulins or blood.
- New footnote ⑥: “Anti-Rho (D) Immune Globulin does not interfere with the response to varicella vaccine.
- Under “Precautions,” note added that immunocompetent individuals should receive varicella vaccine on the same day as any other live vaccine, or delayed 4 weeks after administration of any other live vaccine.

Please delete and destroy the following pages from **SECTION IIA – “IMMUNIZATION SCHEDULES:”**

Pages 4, 6, and 8

Dated January 2009

Insert the following replacement pages:

Pages 4, 6, and 8

Dated June 2009

Please delete and destroy the following page from **SECTION IIB - “CONTRAINDICATIONS AND ROUTINE PRECAUTIONS:”**

Page 4

Dated January 2009

Insert the following replacement page:

Page 4

Dated June 2009

Please delete and destroy the following pages from **SECTION III – “IMMUNIZATION OF SPECIAL POPULATIONS:”**

Pages 4, 10, 12, 13, 17, 18, 31, 32, 43, 46

Dated January 2009

Insert the following replacement pages:

Pages 4, 10, 12, 13, 17, 18, 31, 32, 43, 46

Dated June 2009

Please delete and destroy the following pages from **SECTION IV – “ADMINISTRATION OF BIOLOGICAL PRODUCTS:”**

Pages 3 and 6

Dated February 2009

Page 19

Dated October 2008

Insert the following replacement pages:

Pages 3, 6, and 19

Dated June 2009

Please delete and destroy the following page from **SECTION V – “MANAGEMENT OF ANAPHYLAXIS IN A NON-HOSPITAL SETTING:”**

Page 12

Dated February 2009

Insert the following replacement page:

Page 12

Dated June 2009

Please delete and destroy the following pages from **SECTION VII – “BIOLOGICAL PRODUCTS:”**

Pages 1, 3, 4, 13, 14, 16, 31, 33, 35, 36, 37,
39, 40, 52, 58, 62, 65, 66, 77, 78, 79, 80

Dated January 2009

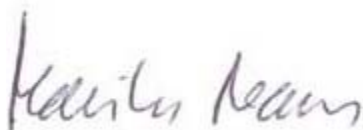
Insert the following replacement pages:

Pages 1, 3, 4, 13, 14, 16, 31, 33, 35, 36, 37,
39, 40, 52, 58, 62, 65, 66, 77, 78, 79, 80

Dated June 2009

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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