BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Date: **April 30, 2010**

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

Re: **Revisions to the Communicable Disease Control Manual – Chapter 2, Immunization Program**

Please note the following changes to the Communicable Disease Control Manual, Chapter 2 – Immunization Program:

(1) SECTION IIA: IMMUNIZATION SCHEDULES

Page 1, 1.0 Routine Schedules

1.1 "Schedule A: Basic Immunization When Starting With INFANRIX hexa™ Vaccine:"

- New footnote ❸ pertaining to Meningococcal C vaccine in Grade 6: "A grade 6 student is considered up-to-date for MCC vaccine if they have a dose of MCC vaccine on or after their 10th birthday. The interval between MCC doses is a minimum of 8 weeks."

Page 2, 1.1.1 "Schedule A: Basic Immunization When Starting With PEDIACEL® Vaccine:"

- New footnote❸ pertaining to Meningococcal C vaccine in Grade 6.

Administrative Circular 2010:05

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PAGE 3, 1.2 "SCHEDULE B: CHILDREN ≥ 1 YEAR BUT < 7 YEARS WHEN STARTING IMMUNIZATION (CHILDREN WHO WILL BE ABLE TO COMPLETE A SERIES OF INFANRIX HEXA™ BEFORE 7 YEARS OF AGE):"

- Revised footnote❻ pertaining to Meningococcal C vaccine in Grade 6.

Page 4, 1.2.1 "Alternate Schedule B: Children ≥ 1 Year But < 7 Years When Starting Immunization:"

- Revised footnote❼ pertaining to Meningococcal C vaccine in Grade 6.

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

- Footnotes renumbered
- Revised footnote ❹ pertaining to Meningococcal C vaccine in Grade 6.

PAGE 17, 4.5 "TUBERCULIN TESTING:"

- The recommended time frame between the administration of a live vaccine and a subsequent tuberculin skin test has been changed to 4 weeks. Previously the specified time frame was 4 – 6 weeks. The change was made in consultation with BCCDC TB Control.

(2) SECTION II B - CONTRAINDICATIONS AND ROUTINE PRECAUTIONS

Page 6, 4.1 "Latex Content in Vaccines:"

- Revised chart for latex content of specific vaccines. Note that pneumococcal conjugate vaccine is no longer in the chart. Pneumococcal conjugate vaccine is latex-free.

(3) SECTION III- IMMUNIZATION OF SPECIAL POPULATIONS

Page 3, "Table 2: Vaccines Recommended for Individuals with Other Health Conditions:"

- Meningococcal vaccines removed from "Special Indications" for cochlear implant candidate or recipient. Meningococcal conjugate C vaccine is provided as part of routine immunizations for all infants and children.

Page 3, "Table 3: Vaccines Recommended for Select Populations:"

- Students of Health Care Professions have been added to this table.

Page 8, "High doses of oral corticosteroid therapy of more than 14 days duration" and
Page 22, 1.5.5.1 "Corticosteroid Therapy:"

- The dosage for systemic steroids has been corrected to read "**≥** 2 mg/kg per day or **≥** 20 mg daily"

(4) SECTION VII – BIOLOGICAL PRODUCTS

Table of Contents

- Updated to reflect addition of page 17a.

Pages 11 & 12, "Hepatitis B Immune Globulin (HBIg) (BayHep™):"

- New footnote ❷ "Provide a written record to a client who receives any immune globulin product;" footnotes renumbered accordingly.
- This footnote regarding a written record is related to CSA standard Z902-10, section 11.2.2: "A procedure shall be in place to ensure that recipients of blood, blood components and blood products receive notification of the transfusion in writing." The standard is applicable to injection of immune globulin products.

Page 14, "Hepatitis B vaccine Pre-Exposure Indications:"

- "Individuals with HCV or chronic liver disease" have been added to the list of individuals in footnote ❷ for whom pre-vaccination testing is recommended.

Page 15, "Hepatitis B Vaccine for Students of Health Care Professions:"

- The note on this page now reads "Individuals who received hepatitis B vaccine years prior to enrolment as a student in a health care profession or years prior to employment as a health care worker may be tested to determine protective status for hepatitis B. If anti-HBs is < 10IU/L but is detectable, provide one dose of vaccine and retest 4 weeks after this dose. If level is ≥ 10 following this dose, no further vaccine is required. When anti-HBs is <10 IU/L after this one dose, complete the second vaccine series and retest 4 weeks after the last dose." This replaces the previous link to the hepatitis B guidelines.

Page 16, "Hepatitis B vaccine (Engerix®-B):"

- Schedules have been added for Indications 1, 2 & 3 (infants, adults and eligible adults) for this product.
- Footnote ❷ now reads: "The pediatric formulation (10 mcg/0.5 ml vial) and the adult single dose (20 mcg/1.0 ml) formulation are thimerosal-free." Prior to October 2009, the pediatric formulation contained "trace thimerosal."

Page 17, "Hepatitis B Vaccine Pre-Exposure (RecombivaxHB®):"

- For improved clarity, Indication 6, "Adults ≥ 20 years of age" changed to "Eligible adults ≥ 20 years of age."

Page 17a "Hepatitis B Vaccine Options for 2009/2010 Grade 6 Series Completion:"

- New page.
- Directions for completion of the Grade 6 program this school year, as a result of the shortage in supply of the routine vaccine for this program.

Page 23, "Hepatitis A and B Vaccine Combined (Inactivated Viral) (Twinrix Junior™):"

- Footnote ❹ added: "Twinrix Junior™ is licensed for persons ≥1 year of age. However, numerous studies have demonstrated the immunogenicity and safety of hepatitis A vaccine for infants at 6 months of age. Immune response may be blunted in some children less than 6 months of age due to interference with maternally derived antibody. As maternal hepatitis A antibody status is usually not known, give Ig to all infants < 6 months of age who are at risk for hepatitis A." This is consistent with statements for other Hepatitis A vaccines.

Pages 26 & 27, "Immune Globulin (Ig) (GamaSTAN™S/D):"

- Footnotes reordered; new footnote ❶ "Provide a written record to individuals who receive any immune globulin product," with a reference to a standard for this practice.

Page 28, "Immune Globulin Preparations (HBIg, Ig, Tig, VarIg, RabIg):"

- The maximum volume for IM administration in the deltoid, for an adult, has been changed to 2 ml. This is consistent with information added to Section IV-Administration of Biological Products, in January 2010 regarding maximum volumes at an injection site.

Pages 29 & 30, "Immune Globulin Preparations or Blood: Timing Intervals For Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Virus:"

- BabyBIG (used for infant botulism) added to the product list with specified dose and interval with regard to measles, mumps, rubella, or varicella vaccines.
- New footnote ❶ "Provide a written record to a client who receives any immune globulin product;" footnotes renumbered accordingly.

Pages 30a & 30b, "pH1N1 Influenza Vaccine (inactivated Split-Virion) (Arepanrix™):"

- Footnote ❺ removed from page 30a
- Footnote ❺ added on page 30b
- Footnote ❹ revised to read "The second dose need not be given as there is not deemed to be an exposure risk at this time, and as the A/H1N1 component will be in the trivalent vaccine in the fall and will constitute a 2nd dose of this antigen for children who had only one dose this season."

Page 36, "Measles/Mumps/Rubella Vaccine (Live Attenuated Viral) MMRII™ and Priorix™:"

- When TB skin testing is not done on the same day as MMR immunization, it should be delayed for ≥ 4 weeks. The previous recommendation had been ≥ 6 weeks. This change was made to be consistent with guidelines from the BCCDC TB Control Division.
- Footnote ❺: updated the definition of susceptible individuals to include those with no laboratory evidence of immunity, or who lack documentation of 2 doses of a live measles-containing vaccine at ≥12 months of age and given at least 4 weeks apart.

Page 37, "Meningococcal C Conjugate (MCC) Vaccine (Meningitec™):"

- Deleted "Reinforcements" section. Infants immunized at the beginning of the MCC vaccine program were born on or after July 1, 2002 and have not yet reached grade 6. Accordingly, the grade 6 dose is not yet a booster dose.

Page 39, "Meningococcal C Conjugate (MCC) Vaccine (Neis Vac-C®):"

- For indication (6) Grade 6 students, under "Initial Series," added at least 8 weeks since a previous MCC vaccine dose.
- Deleted "Reinforcements" section, as described above.

Page 40, "Meningococcal C Conjugate (MCC) Vaccine (Neis Vac-C®):"

- Revised footnote❼ pertaining to Meningococcal C vaccine in Grade 6: "A grade 6 student is considered up-to-date for MCC vaccine if they have a dose of MCC vaccine on or after their 10th birthday. The interval between MCC doses is a minimum of 8 weeks."

Page 42, "Meningococcal Quadrivalent Conjugate Vaccine (Menactra®) (Groups A, C, Y, W-135):"

- Changed the wording in the "Reinforcements" section for improved clarity.

Pages 48 & 50, "Pneumococcal Polysaccharide vaccines (Pneumo23™ and Pneumovax® 23):"

- Under **"**Precautions" added: "Do not administer a pneumococcal polysaccharide vaccine (Pneumo23™ or Pneumovax®23) and ZOSTAVAX™ at the same time due to the possibility of an inferior immune response to ZOSTAVAX™. Separate these vaccines by 4 weeks." While there are no data on concomitant administration of ZOSTAVAX™ and Pneumo23™, the precaution has been added to both pneumococcal polysaccharide vaccine pages for consistency, based on internal expert opinion.

Pages 53 & 54, "Human Rabies Immune Globulin (RabIg) (HYPERRAB™S/D):"

- New footnote ❷ "Provide a written record to a client who receives any immune globulin product;" footnotes renumbered accordingly.

Pages 59, 60, 61 & 62, "Rabies vaccine Pre-exposure (Rabavert®) [Purified Chick Embryo Cell Vaccine] (PCECV):"

- Novartis is now the supplier of this vaccine.

Pages 64 & 65, "Tetanus-Diphtheria-acellular Pertussis Vaccine (TdaP) (ADACEL®):"

- Indication (2) changed to "Children and adolescents from ≥ 7 years to 17 years of age (inclusive) who have not received any doses of tetanus or diphtheria."
- New indication (3): **"**Children and adolescents from ≥ 7 years to 17 years of age (inclusive) who have not received any doses of pertussis vaccine."
- Footnote ❹ now references previous doses of tetanus/diphtheria/pertussis – containing vaccines, rather than only tetanus/diphtheria – containing vaccines.

Page 67, "Tetanus Immune Globulin (Tlg) (HYPERTET™S/D):"

- New footnote ❶ "Provide a written record to a client who receives any immune globulin product;" footnotes renumbered accordingly.

Pages 70 & 71, "Tuberculin Skin Test (Mantoux) Tubersol®:"

These pages have been updated following consultation with TB Control at BCCDC.

- The following statement added to Contraindications: "Individuals with severe viral infections or live-virus vaccination in the past 4 weeks (to avoid negative reactions.)"
- Under "Precautions," Zostavax added to the list of vaccines that must be administered at the same time as the skin test, or deferred for ≥ 4 weeks (previously ≥6 weeks.)
- Neither pregnancy nor previous BCG is a contraindication to tuberculin skin test. This information was previously listed under "Precautions," and is now under "Note."

Pages 76 & 77, "Varicella Zoster Immune Globulin (VariZIG™):"

- New footnote❷ "Provide a written record to a client who receives any immune globulin product;" footnotes renumbered accordingly.

Page 80, "Varicella Vaccine (live attenuated viral):"

- Under "Precautions," delay varicella vaccine that has not been given on the same day as tuberculin testing for ≥ 4 weeks (previously ≥ 6 weeks.)

Page 81, "Varicella Zoster Vaccine (live attenuated viral) (ZOSTAVAX™):"

- Precaution 3: Do TB skin testing on the same day as VZV immunization, or delay skin testing for ≥ 4 weeks (previously 6 weeks.)
- Precaution 5: ZOSTAVAX™and a pneumococcal polysaccharide 23 valent vaccine should not be given at the same time due to the possibility of an

inferior immune response to ZOSTAVAX™. Separate these vaccines by 4 weeks.

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

Section II A

Pages 1, 2, & 17	Dated January 2009
Pages 3, 4, & 6	Dated January 2010

Section II B

Page 6	Dated January 2009

Section III

Pages 3 & 22	Dated January 2009
Page 8	Dated July 2009

Section VII

Table of Contents	Dated January 2010
Pages 14, 16, 26, 37, 39, 40, 42, 48, 50, 64, 65, & 81	Dated January 2010
Page 15	Dated October 2009
Pages 11, 12, 17, 23, 27, 28, 29, 30, 53, 54, 59, 60, 61, 67, 70, 71, 76	Dated January 2009
Page 30a	Dated November 20, 2009
Page 30b	Dated January 5, 2010
Pages 36 & 80	Dated July 2009
Pages 62 & 77	Dated June 2009

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

Section II A

Pages 1, 2, 3, 4, 6, & 17	Dated April 2010

Section II B

Page 6 Dated April 2010

Section III

Pages 3, 8 & 22 Dated April 2010

Section VII

Table of Contents and
Pages 11, 12, 14, 15, 16, 17, 17a, 23,
26 to 30, 30a, 30b, 36, 37, 39, 40, 42, 48,
50, 53, 54, 59, 60, 61, 62, 64, 65, 67,
70, 71, 76, 77, 80, & 81 Dated April 2010

If you have any questions or concerns, please contact Karen Pielak, Nurse Epidemiologist, or Cheryl McIntyre, Associate Nurse Epidemiologist, at telephone (604) 707-2510, fax (604) 707-2516 or by email at karen.pielak@bccdc.ca or cheryl.mcintyre@bccdc.ca

Sincerely,

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