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

Date: November 26, 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 revisions to the Communicable Disease Control Manual, Chapter 2 – Immunization Program:

(1) SECTION IA, INTRODUCTION

Page 2, 2.0 "Immunization Provider Responsibilities - 2.2 Community vaccine providers:"

- In addition to physicians' offices and travel clinics, community vaccine providers now include pharmacists and Aboriginal communities.

Page 3, 3.0 "Immunization Competency:"

- Revised description of the BCCDC Immunization Competency Program. Information on the on-line course has been added.

Page 29, 11.0 History of Immunization in BC, "Human Papillomavirus Vaccine:"

- Table updated for the "extended dose schedule" for girls in Grade 6 starting in the 2010-2011 school year.

Administrative Circular 2010:23

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Page 30a, History of Immunization in BC, "Influenza Vaccine:"

- New page. Table updated to include details regarding the 2009/10 pandemic influenza vaccine as well as the two new eligible groups for the 2010/11 season.

(2) SECTION IB, INFORMED CONSENT

Page 3, 3.0 "Definitions:"

- Under "Parent/Representative":
  - Listed the elements that must be contained in the note for the situation in which the parent has given written authority to another person to act on behalf of the parent with respect to the immunization of the child.
  - Noted that consent in the above situation may apply to Consent for Series (such as with INFANRIX hexa™ at 2, 4, & 6 months) or to a single immunization and that it is important to document whether consent has been given for a single immunization or for a vaccine series.

Page 4,

- Re-paginated as content regarding the Routine School-Entry Series was moved from page 3 due to the additional information on page 3 as described above.

Page 11, 7.0 "Immunization of Adults Incapable of Consenting for Self:"

- Added reference to a third consent form, "Vaccine Consent for Adults Incapable of Consenting for Self (HLTH 2389)," for use when obtaining consent for vaccines other than pneumococcal and seasonal influenza. The HLTH 2389 was developed at the same time as the consents for pneumococcal and seasonal influenza vaccines, but had not been listed with them in this section of the Immunization Chapter. All three consent forms are posted on the BCCDC website.
- An issue has been clarified with a Solicitor of the Ministry of the Attorney General. Only when consent has been provided by a Temporary Substitute Decision Maker (TSDM) does the immunization provider have to administer the vaccine or initiate the vaccine series consented for within 21 days of the date the consent form was signed by the TSDM. The HLTH forms for the immunization of adults incapable of consenting for self currently specify the 21 day rule for consent obtained from an adult's guardian, committee, or representative. The forms will be revised by the provincial Informed Consent Working Group to delete those groups from the 21 day proviso.

(3) SECTION IIA, IMMUNIZATION SCHEDULES

Revised Table of Contents:

- Table of contents revised due to re-pagination of this section.

Pages 9, 10, and 10a, 2.0 "Guidelines for immunization schedules:"

- Clarification of an exception to the "once eligible, always eligible" principle: a client may have been eligible for a specific vaccine, but presents at a later age that is outside the age-specific eligibility for that vaccine.
- Additional information provided, with examples, for the client that starts a vaccine at one age, and then presents at a later age for series completion.
- New page 10a due to additional content on pages 9 and 10.

Page 11, 3.1 "Minimum intervals between vaccine doses table:"

- Minimum intervals for a 3 dose PCV13 schedule have been revised, based on data from several clinical trials that indicate antibody concentrations and opsonophagocytic activity (OPA) titres are similar when either a 4 week interval or an 8 week interval are used between the 1st and 2nd dose in the infant series. There is insufficient data to support the start of a 3 dose series earlier than 8 weeks of age.
- Footnote❹: clarification that the final dose in a three or four dose series should be given no sooner than 12 months of age, and at least 8 weeks after the previous dose. This is consistent with the updated definition of a completed pneumococcal conjugate vaccine series on page 45 of Section VII – Biological Products.

(4) SECTION III, IMMUNIZATION OF SPECIAL POPULATIONS:

Table of Contents

- Updated to reflect change in title of subsection 1.5.6 "Chronic Kidney Disease."

Page 1, "Individuals at high risk for vaccine preventable disease:"

- Previously the 7th bullet under "When a client presents with an identified health condition or is identified as being a member of a select population" had stated "If recommended, consult the client's medical specialist prior to administration of live vaccines (i.e., varicella and MMR)." It has been revised to "For the administration of live vaccines to immunocompromised individuals, consult the physician most knowledgeable about the client's current health status, their immunosuppressive disease, and the vaccine. This includes either the primary care physician most familiar with the client's current medical status or a medical specialist. Refer to Subsection 1.4 Immunization with live vaccines." This revision was made as some Health Authorities had communication with local internal medicine specialists, immunologists, etc that were dealing with requests for immunization referrals when they did not have the most up-to-date knowledge of the health status of the client.

Page 2, "Table 1: Vaccines recommended for immunosuppressed clients:"

- Added the following note under the title of the table: "Only HSCT clients require re-immunization after treatment, due to the ablation of hematopoietic cells in the bone marrow pre-transplant. This treatment eliminates the patient's immune memory**.** All other immunocompromised individuals should be immunized according to past immunization history and review of recommendations within this Section or Section VII. The exception to this is asplenic clients > 5 years of age who should receive one dose of Hib vaccine regardless of their immunization history."
- Revised footnote❹ to "Special considerations exist. Refer to the specific immune-suppressing condition within this Section and to the BC Communicable Disease Control Manual, Chapter 2, Section VII Biological Products." As an example, if a chronic kidney disease client presents (birth date prior to 1957) they are not eligible for MMR vaccine due to their birthdate.

Page 4, 1.0 "Immunocompromised Individuals:"

- Added "drugs for the management of inflammatory bowel disease" to the examples of immunosuppressive therapy.
- Wording in last paragraph has been changed and is consistent with note at the top of page 2.

Page 7, 1.4 "Immunization with Live Vaccines:"

- The second paragraph now states "The decision to immunize an immunocompromised individual with a live vaccine can only be made following consultation with the physician most knowledgeable about the client's current health status, their immunosuppressive disease, and the vaccine. This includes either the primary care physician most familiar with the client's current medical status or a medical specialist. Previously, the wording had included only "specialists." The rationale is provided previously in the description of revisions for page 1.
- Determine with the client which physician would be most familiar with their current health status.

Page 8, 1.4 "Immunization with live vaccines:"

- For greater clarity, titled this subsection as "1.4.1 Considerations for MMR and varicella immunization of immunosuppressed individuals" and added the provisos noted above.
- For each immunosuppressive condition added the qualification that MMR and varicella vaccines are indicated according to client's immunization history, age, and susceptibility. This wording was added to emphasize the statement on page 4 that only HSCT clients require re-immunization after treatment due to the ablation of hematopoietic cells in the bone marrow pre-transplant, which eliminates the patient's immune memory.
- Added "drugs for the management of inflammatory bowel disease" to the examples of immunosuppressive therapy.

Page 9, 1.4 "Immunization with live vaccines:"

- For greater clarity, this is a continuation of subsection "1.4.1 Considerations for MMR and varicella immunization of immunosuppressed individuals."

Page 10, 1.4.2 "Referral Form for Varicella Vaccination:"

- This subsection has been renumbered to 1.4.2. The information directly under the title re-states the recommendation on page 7, 1.4 "Immunization with Live Vaccines," that varicella vaccination of immunocompromised clients requires physician approval (either the primary care physician most familiar with the client's current medical status or a medical specialist).
- "Medical Specialist" has been replaced with "physician."

Page 11, 1.4.3 "Referral Form for MMR Vaccination:"

- This subsection has been renumbered to 1.4.3. The information directly under the title re-states the recommendation on page 7, 1.4 "Immunization with Live Vaccines," that MMR vaccination of immunocompromised clients requires physician approval (either the primary care physician most familiar with the client's current medical status or a medical specialist).
- "Medical Specialist" has been replaced with "physician."

Page 12, 1.5.1 "Anatomic or functional asplenia:"

- For MMR vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for MMR Vaccination."
- For varicella vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for Varicella Vaccination."

Page 14, 1.5.2, "Congenital immunodeficiency states:"

- For MMR vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for MMR Vaccination."
- For varicella vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for Varicella Vaccination."

Page 17, "Table 4: Worksheet for Immunization of Adult Hematopoietic Stem Cell Transplant (HSCT) Recipients (those ≥ 18 years of age):"

- Deleted allogeneic recipient and autologous recipient as more space was needed on the page and that information is not essential for the immunization of this population.
- Footnote❹ has been revised to "Only give MMR with written approval from appropriate physician (either the primary care physician most familiar with the client's current medical status or a medical specialist). See Subsection 1.4. Immunization with live vaccines. Give a second MMR dose 6-12 months after the first dose."

Page 18, 1.5 "Specific Conditions - 1.5.3 Hematopoietic stem cell transplantation - Table 5, Worksheet for Immunization of Child HSCT Recipients:"

- Deleted allogeneic recipient and autologous recipient as more space was needed on the page and that information is not essential for the immunization of this population.
- Prevnar® has been updated to Prevnar® 13.
- Footnote❽ revised to "Only give MMR with written approval from appropriate physician (either the primary care physician most familiar with the client's current medical status or a medical specialist). See Subsection 1.4. Immunization with live vaccines. Give a second MMR dose 6-12 months after the first dose."

Page 19, 1.5.4 "Illness that progressively weakens the immune system [e.g., Human Immunodeficiency Virus (HIV)]:"

- For MMR vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for MMR Vaccination."
- For varicella vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for Varicella Vaccination."

Page 21, 1.5.5 "Immunosuppressive therapy:"

- For MMR vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for MMR Vaccination."
- For varicella vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for Varicella Vaccination."
- Removed the drugs cyclosporine / azathioprine and cyclophosphamide / infliximab from the list of long-term immunosuppressive therapies as these drugs are only a few examples of similar drugs and do not warrant special mention.

Page 23, 1.5.6 "Chronic kidney disease:"

- Deleted "dialysis clients" from subsection title and added an explanation that chronic kidney disease clients include predialysis, hemodialysis, or peritoneal dialysis clients, and candidates for or recipients of a kidney transplant.
- "Undergoing dialysis" has been removed from the title of the table on recommended vaccines for chronic kidney disease clients
- For MMR vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for MMR Vaccination."
- For varicella vaccine, revised recommendation to **"**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for Varicella Vaccination."
- New footnote❷: "For specific vaccine schedule information, refer to Candidate or recipient of solid organ transplant." This instruction was previously contained within the table.

Page 27, 1.5.7 "Chronic liver disease:"

- Footnote ❷ revised for clarity regarding post-vaccination testing for response to

Hepatitis B vaccine. The words “to assess vaccine effectiveness and determine need for a booster dose” are replaced with “to assess vaccine response and determine the need for a second vaccine series.”

Page 28, 1.5.8 “Malignant neoplasm (including leukemia and lymphoma):”

- For MMR vaccine, revised recommendation to **“**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for MMR Vaccination.”
- For varicella vaccine, revised recommendation to **“**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for Varicella Vaccination.”

Page 29, 1.5.9 “Candidate for or recipient of solid organ or islet cell transplant:”

- For Hepatitis B vaccine added “Series is given at 0, 1, and 6 months (double μg doses).
- For MMR vaccine, revised recommendation to **“**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for MMR Vaccination.”
- For varicella vaccine, revised recommendation to **“**Refer to Subsection 1.4 Immunization with Live Vaccines. Use Referral Form for Varicella Vaccination.”
- Note that both of these vaccines are contraindicated after transplantation.

Page 35, 2.1.2 “Prophylaxis record for Infants at High Risk of Hepatitis B:”

- An additional indication has been added to this form: “Mother is hepatitis B surface antigen (HBsAg) positive,” and indications are renumbered. Footnote ❶ has been revised to read “For use when prenatal testing indicates mother is HBsAg positive, or there is no record of prenatal testing for hepatitis B status or there are other factors that indicate a need for hepatitis B prophylaxis at birth. For further information contact BC Centre for Disease Control at (604) 707-2517 or your nearest local public health unit.” This form could be used if the 2.1.3 “High Risk Neonatal Hepatitis B Immunization Record” was not available to record HBIG and hepatitis B vaccine administration in the hospital.

Page 40, 2.0 Other Conditions 2.6 “Cystic Fibrosis:”

- New footnote ❷ pertaining to spacing of varicella and MMR vaccines.

(5) SECTION IV, ADMINISTRATION OF BIOLOGICAL PRODUCTS

Page 4, 3.0 “CONSIDERATIONS FOR THE SCHEDULING AND ADMINISTRATION OF MULTIPLE INJECTIONS:”

- Paragraph at top of page now lists the maximum volume for each vaccine injection site according to age group.
- Revised wording in paragraph in the middle of the page to: “If the decision is made to draw up multiple doses of a biological product for programmatic reasons, such as a mass **influenza or disease outbreak** immunization clinic, follow these guidelines:” The change was made following concern expressed by

Health Authority staff that drawing up multiple doses in school immunization clinics could be a safety issue given that many different vaccines may be given in that setting.

- Deleted the following bullet:
    - "Check product insert to determine if it specifies the maximum time limit a pre-drawn biological product can remain in a syringe" as product monographs do not specify this.

Page 7a:
This is a new page that illustrates positioning for injections in the anterior lateral thigh and deltoid.

Page 13, 8.2.4 "Dorsogluteal site:"

- Revised wording in second paragraph to emphasize that the dorsogluteal site is only to be used for the IM injection of large volumes of immune globulin preparations when the ventrogluteal and vastus lateralis sites have had maximum volumes of an immune globulin preparation injected and an additional volume still needs to be administered.

Page 15, "Injection routes for biological Products:"

- Added a section for oral administration and inserted rotavirus vaccine
- Added a section for intranasal administration and inserted FLUMIST®.
- Added INTANZA™ to the intradermal column.

Page 22, MANAGEMENT OF FEVER AND PAIN FOLLOWING IMMUNIZATION

- Revised second paragraph to "Advise parents that child may experience fever, injection site pain and cry or be fussy following immunization. For the alleviation of fever and pain, suggest parents…" The intent of the revised wording is to indicate that acetaminophen should not be used on a prophylactic basis, but to treat symptoms.

(6) SECTION VII, BIOLOGICAL PRODUCTS:

Table of Contents

- Updated to reflect change for page 18a.

Page 1, "Diphtheria - Tetanus- Acellular Pertussis - Hepatitis B- Polio- Haemophilus Influenzae:"

- In "Initial Series" row, for indications (1) and (2), added "2 months apart."
- For indication (3), inserted hyperlink to Section IIA 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). Doses for this group of children are not 2 months apart, but are scheduled using minimum intervals.

- To 3rd bullet for indication (3) under "Reinforcements," added "Also give a dose of IPV if child did not receive their 3rd dose of an IPV-containing vaccine after their 4th birthday." This wording was added as a reminder and to eliminate the need to refer to the IPV vaccine page.

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

- "Initial Series" information has been revised to include children and adolescents to 19 years of age inclusive (was previously <11 years of age).
- Under "Initial Series" added a missing # (4) to correspond to the # (4) under "Indications."
- Footnote ❶ now reads "Engerix®-B & RecombivaxHB® are interchangeable at any dose, using age-specific dosage and recommended schedule for the respective product. There must be a minimum of 6 months between doses 1 and 2 whenever both products are used in a 2-dose series." For the immunization of individuals ≥11 years of age, but ≤15 years of age, the minimum interval between doses of RecombivaxHB® is 4 months; however for Engerix ®-B it is 6 months.
- Statement added in footnote ❸ that the change to the minimum interval schedule was effective as of June 2007. Prior to this there was a minimum interval for RecombivaxHB® of 4 weeks between each dose in the series (i.e., a 0, 1, and 2 month schedule).

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

- Corrected the numbering under "Indications" and "Initial Series."
- Indication (3) has been revised to include children, and adolescents to 19 years of age inclusive, unless they are receiving vaccine as part of the routine grade 6 program. This indication now includes those children who started, but did not complete, a hepatitis B vaccine series before grade 6 and who then present in the grade 6 setting.
- Corrected page numbering. This page was numbered 17a in error in the last changes to this section.

Page 18, "Hepatitis B Vaccine Pre-Exposure (RecombivaxHB®):"

- As this page contains the footnotes for page 17, it has been moved to follow page 17. In April 2010, a new page 17a was developed to address the options for the 2009/10 Grade 6 series completions due to the vaccine shortage. Page 17a separated the two RecombivaxHB® pages, making Page 17 harder to follow.
- Footnote ❶ has been revised to be consistent with footnote ❶ on page 16.
- Statement added in footnote ❷ that the change to the minimum interval schedule was effective as of June 2007. Prior to this there was a minimum interval for RecombivaxHB® of 4 weeks between each dose in the series.

Page 18a, "Hepatitis B Vaccine Options for 2010/2011 Grade 6 Series Completion:"

- Previously was page 17a; school year changed to 2010/2011

Page 20, "Hepatitis B Vaccine Post Exposure (RecombivaxHB®):"

- Footnote ❹ has been revised to be consistent with footnote ❶ on page 16.

Page 26, "Immune Globulin (Ig) (GamaSTAN™ S/D):"

- In the "Dose" column, beside "Dose (2) d)" added an "e)" to correspond to "Indication 2) e) those for whom MMR is contraindicated."

- **Page 28, "Immune Globulin Preparations (HBIg, Ig, TIg, VarIg, RabIg):"**
- Maximum volumes per injection site have been revised for consistency with recommendations in Section IV "Vaccine Administration."
- Ranges were previously given for maximum volumes; the amount has been changed to the upper level of the range (e.g., 2 – 3 ml is now 3 ml).
    - In row "Children ≥12months to 5 years:" reference to footnotes ❷ and ❸ was added to ventrogluteal site; deltoid was added as a site.
    - In row "Children 5 years to 18 years:"
        - footnote❸ moved to ventrogluteal site
        - revised wording of footnote❸: "Alternate sites for the administration of immune globulin preparations are the deltoid and vastus lateralis; in exceptional circumstances, the dorsogluteal site may be used."
- Revised wording of footnote❹: "The deltoid is not to be used for the administration of RabIg. Its use should be reserved for the administration of rabies vaccine."
- Revised footnote❺:" Use of the dorsogluteal site is only recommended when the ventrogluteal and vastus lateralis sites have had maximum volumes of an immune globulin preparation injected and an additional volume still needs to be administered. This is due to the possibility of sciatic nerve injuries when the injection is done in the dorsogluteal site."

Pages 35 & 36, "Measles/Mumps/Rubella Vaccine

- "Medical specialist" replaced with "appropriate physician (i.e., either the primary care physician most familiar with the client's current medical status or a medical specialist)" under "Contraindications" and "Special Considerations."
- Footnote ❹: added rubella to "Those born prior to 1957 are considered to have acquired natural immunity to measles, mumps, and rubella."
- Footnote ❺ re: rubella: revised to "One dose is recommended for all individuals born on or after January 1, 1957 who have not received at least 1 dose of a rubella-containing vaccine or who do not have serologic evidence of rubella immunity." This wording is consistent with that of the Red Book: Report of the Committee on Infectious Diseases (2009), American Academy of Pediatrics.

Page 42, Meningococcal Quadrivalent Conjugate Vaccine (Menactra®) :

- Under "Special Considerations," revised wording to specify that a dose of MCC vaccine should be administered if a Grade 6 child received Menactra® when they were 2 – 10 years of age, and have not received a dose of MCC vaccine on or after their 10th birthday.

Page 44, "Pneumococcal Conjugate Vaccine (Prevnar®13):"

- Indication (2):
  For consistency with the NACI statement "Update on the Use of Conjugate Pneumococcal Vaccine in Childhood" (CCDR, Nov. 2010, Vol. 36; ACS 12):
  - Added "and other hemoglobinopathies" to sickle cell disease.
  - Reworded "congenital immunodeficiencies" indication to read "Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell-mediated) immunity, complement system (properdin or factor D deficiencies), or phagocytic function.
  - Added "Chronic neurological conditions that may impair clearance of oral Secretions."
- Indication (3): Added "asplenics ≤ 16 years of age." Indication (3) now states "High risk children to 59 months of age and asplenics ≤ 16 years of age who have completed a PVC 7 or PCV 10 vaccine series." This statement was not added when PCV 13 was introduced. Children up to and including 16 years of age with anatomic or functional asplenia are at high risk of invasive pneumococcal disease.

Page 44a:

New page added due to the additional content on page 44.

- New footnote ❹: "A complete series for a **high risk** child is:
  - three (PVC7 or PCV10) primary doses given at appropriate intervals and a 4th dose given on or after 12 months of age and at least 8 weeks after previous dose, or
  - a delayed or interrupted schedule that has been completed at a later age according to the information in table "Completing a Pneumococcal Conjugate Vaccine Series."

Page 45 "Completing a Pneumococcal Conjugate Vaccine Series:"

For consistency with the NACI statement "Update on the Use of Conjugate Pneumococcal Vaccine in Childhood" (CCDR, Nov. 2010, Vol. 36; ACS 12) the following changes have been made:

- High risk children who have received a dose of PCV7 or PCV 10 at < 12 months of age and a dose at ≥ 12 months of age, who present between 12 and 23 months of age, will require 1 dose of PCV13. Previously this was 2 doses.
- An umimmunized high risk child presenting between 24 and 59 months of age will require 1 dose of PCV 13. Previously this was 2 doses.

- Any child presenting between 24 and 59 months of age with a schedule not completed by 24 months of age will require 1 dose of PCV13. This replaces the category that had "≤ 2 doses before 24 months

- Revised footnote ❸: changed 28 days to 4 weeks to be consistent with Section IIA Immunization Schedules, 3.0 Minimum Intervals Between Vaccine Doses.
- New footnote ❻: " A complete series is:
  - two (PVC7) or three (PVC7[high risk] or PCV10) primary doses given at appropriate intervals and a 3rd or 4th dose given on or after 12 months of age and at least 8 weeks after previous dose, or
  - a delayed or interrupted schedule that has been completed at a later age according to the information in this table."

Pages 62a and 62b, "Rotavirus Vaccine (Pentavalent Human-bovine reassortant) (Oral live attenuated viral) (RotaTeq®):"

- Language in sections "Indications, Initial Series, and Contraindications" has been revised to be consistent with wording in the July 2010 NACI statement "Updated Statement of the use of Rotavirus Vaccines" published in the CCDR Volume 36 ACS-4.
- In "Vaccine Components" added porcine circovirus types 1 and 2.
- New footnotes ❷ and ♦.
- The page numbering has changed. RotaTeq® vaccine is now outlined on pages 62a and 62b; previously it had been on page 62a.

Pages 62c and 62d, "Rotavirus Vaccine (Human rotavirus, live attenuated, oral vaccine) (Rotarix™):"

- Language in sections "Indications, Initial Series, and Contraindications" has been revised to be consistent with wording in the July 2010 NACI statement "Updated Statement of the use of Rotavirus Vaccines" published in the CCDR Volume 36 ACS-4.
- In "Vaccine Components" added porcine circovirus types 1 and 2.
- "Special Considerations" has been deleted. Rotarix™ is now in a liquid ready-to-use presentation. The previous formulation had to be reconstituted prior to administration.
- New footnotes ❷ and♦.
- The page numbering has changed. Rotarix™ is now outlined on pages 62c and 62d; previously it was on pages 62b and 62c.

Page 78, "Varicella Vaccine (live attenuated viral) Varivax® III and Varilrix®

- "Medical specialist" replaced with "appropriate physician (i.e., either the primary care physician most familiar with the client's current medical status or a medical specialist)."
- Added reference and hyperlink to BC Communicable Disease Control Manual, Chapter 2, Section III, Subsection 1.4 Immunization with Live Vaccines.

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

(1) Section I A

Pages 2, 3 & 29	Dated May 2009

(2) Section I B

Pages 3, 4 & 11	Dated July 2010

(3) SECTION II A

Table of Contents	Dated January 2009
Pages 9 and 10	Dated January 2009
Page 11	Dated July 2010

(4) Section III

Table of Contents	Dated January 2010
Pages 1, 7, 9, 21, 23, 27, 28 & 35	Dated January 2009
Pages 2, 11, 12, 14, 19, 29, & 40	Dated January 2010
Page 4	Dated July 2009
Page 8	Dated May 2010
Pages 10, 17, & 18	Dated June 2009

(5) Section IV

Page 4	January 2010
Pages 13, 15 & 22	October 2008

(6) Section VII

Table of Contents	Dated September 2010

Pages 1, 18, 62a, 62b, & 62c	Dated January 2010
Pages 16, 17, 17a, 26, 28, 36, & 42	Dated April 2010
Page 20	Dated January 2009
Page 35	Dated July 2009
Page 44	Dated June 2010
Page 45	Dated July 2010
Page 78	Dated June 2009

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

(1) Section I A

Pages 2, 3, 29 & 30a	Dated November 2010

(2) Section I B

Pages 3, 4 & 11	Dated November 2010

(3) Section II A

Table of Contents	Dated November 2010
Pages 9, 10, 10a &11	Dated November 2010

(4) Section III

Table of Contents	Dated November 2010
Pages 1, 2, 4, 7, 8, 9, 10, 11, 12, 14, 17, 18, 19, 21, 23, 27, 28, 29, 35 & 40	Dated November 2010

(5) Section IV

Pages 4, 7a, 13, 15, & 22	Dated November 2010

(6) Section VII

Table of Contents	Dated November 2010
Pages 1, 16, 17, 18, 18a, 20, 26, 28, 35, 36, 42, 44, 44a, 45, 62a, 62b, 62c, 62d & 78	Dated November 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,

Dr. Monika Naus,
Medical Director, Immunization Program and
Associate Medical Director, Epidemiology Services
BC Centre for Disease Control

pc: Ministry of Healthy Living and Sport:

Dr. Perry Kendall
Provincial Health Officer

Dr. Eric Young
Deputy Provincial Health Officer

Dr. Bob Fisk
Medical Consultant
Non-Communicable Disease

Craig Thompson
Director, CD Prevention – Immunization

Warren O'Briain
Executive Director
Communicable Disease and Addiction Prevention