



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

Date: June 24, 2014

Administrative Circular: 2014:08

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

Re: Update to Communicable Disease Control Manual, Chapter 2 – Immunization Program, Section III- Immunization of Special Populations

Section III- Immunization of Special Populations

General note: Please note that the HSCT adult and pediatric schedules are developed with extensive consultation from British Columbia's expert physicians in these areas. For this reason, recommendations reflect a BC perspective and specific population focus and may therefore differ slightly from general guidance provided by national advisory committees and from each other.

1.5.3 Hematopoietic Stem Cell Transplantation

Removed table: Recommended Vaccines for HSCT Recipients. Instead please refer to specific schedules for adult HSCT recipients (both autologous and allogeneic), pediatric allogeneic HSCT recipients, and pediatric oncology clients (including autologous HSCT).

Revised Table 4: Worksheet for Immunization of Adult Hematopoietic Stem Cell Transplant (HSCT) Recipients (those ≥ 18 years of age).

Working with the Leukemia/Bone Marrow Transplant Program of B.C., this schedule has been revised to decrease the number of injections required at early visits.

Brand specific recommendation for Pediacel® removed, as either DTaP-IPV-Hib product is appropriate, though they should not be interchanged in the primary series (doses 1-3). Contraindication for live attenuated Influenza vaccine added to footnotes.

There will be clients who have commenced but not completed immunization based on the previous HSCT schedule. If required, consultation may be sought to complete immunization for these clients, Brittany Deeter (brittany.deeter@bccdc.ca) may be contacted as needed.

Please remove page 15 dated January 2010, pages 16, 17 and 17a dated February 2013
Please replace with pages 15-17 dated June 2014.

Revised Table 5: Worksheet for Immunization of Pediatric Allogeneic Hematopoietic Stem Cell Transplant (HSCT) Recipients (those < 18 years of age)

Working in concert with the BC Children's Hospital Oncology, Hematology & BMT program the pediatric HSCT schedule has been revised. The largest change is removing pediatric patients who have had an autologous HSCT (HSCT using the patient's own stem cells, rather than those from a donor) from this group. These patients will now be immunized based on the principles in section 1.5.3.1 Immunization of pediatric (< 18 years) oncology clients who have completed treatment, including autologous HSCT.

It is important to note that the expert recommendations for pediatric HSCT clients now differ from those for adult HSCT clients based on the advice of their respective expert physicians. All adult HSCT clients continue to be immunized on the same schedule regardless of the type of HSCT.

Additionally, we have altered the time line for the provision of some vaccine doses post-HSCT. We have removed the brand specification for DTaP-IPV-Hib vaccine. We are now providing PCV13 to all pediatric HSCT recipients regardless of age, and providing two doses of quadrivalent meningococcal conjugate vaccine. Pediatric DTaP-IPV-Hib vaccines are recommended regardless of age for these clients due to the higher potency of the DTaP components. These patients continue to require a double-mcg dose of hepatitis B for age so Infanrix hexa™ is not appropriate. Contraindication for live attenuated Influenza vaccine is added to footnotes.

There will be clients who have commenced but not completed immunization based on the previous pediatric HSCT schedule, including those who have undergone an autologous HSCT, who would no longer be indicated to receive vaccines using this schedule. If required, consultation may be sought to complete immunization for these clients, Brittany Deeter (brittany.deeter@bccdc.ca) may be contacted as needed.

New section added 1.5.3.1 Immunization of pediatric (< 18 years of age) oncology clients who have completed treatment, including autologous HSCT.

This section has been added in consultation with the BC Children's Oncology, Hematology & BMT program. It introduces the concept of ensuring that all pediatric clients who have undergone oncologic treatments have had the opportunity to boost their immunity to any antigens that they had previously received, and provides recommendations for completing vaccine series that are in progress.

Following treatment immunity to vaccine preventable diseases may be diminished. This principle is in use in several other countries, including the UK and Australia (see section 1.5.3.1 Immunization of pediatric (< 18 years of age) oncology clients who have completed treatment, including autologous HSCT).

Added Table 5a: Personalized Schedule Worksheet for Immunization of Pediatric (< 18 years of age) Oncology Clients who have Completed Treatment, including Autologous HSCT.

A blank table for the immunizer to use when scheduling the client's immunizations has been added as has an approval form for the oncologist to complete prior to immunization commencing.

Added: 1.5.3.2 Approval for Immunization of Pediatric (< 18 years of age) Oncology and HSCT Clients who have Completed Treatment

Immunization with inactivated influenza vaccine can commence at 3-4 weeks after chemotherapy is discontinued. Pediatric oncology and autologous HSCT patients are recommended to receive higher potency DTaP-containing vaccine regardless of age. They DO NOT require a double-mcg dose of hepatitis B vaccine (as they are generally less immune suppressed than those post-allogeneic HSCT), so Infanrix hexa™ may be used to decrease the number of injections.

For information pertaining to pediatric clients who have had an **allogeneic** HSCT, see Table 5: Worksheet for Immunization of Pediatric Allogeneic Hematopoietic Stem Cell Transplant (HSCT) Recipients (those < 18 years of age).

MMR and Varicella vaccination approval forms will be updated shortly to include pediatric oncology clients.

**Please remove page number 18 dated November 2010.
Please replace with page numbers 18, 18a-g dated
January 2014.**

Please also remove the Table of Contents for Section III – Special populations dated February 2013 and replace with the enclosed updated Table of Contents dated June 2014.

If you have any questions or concerns, please contact Brittany Deeter, Public Health Resource Nurse at telephone (604) 707-2555, fax (604) 707-2515 or by email at Brittany.deeter@bccdc.ca.

Sincerely,



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