



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

Immunization Programs and Vaccine
Preventable Diseases Service
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Date: May 11, 2016

Administrative Circular: 2016:07

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 VII-Biological Products**

Section III – Immunization of Special Populations

1.0 Immunocompromised Individuals:

1.4.2 Referral Form For Varicella Vaccination & 1.4.3 Referral Form For MMR Vaccination

- Hyperlink added to downloadable versions of each form.
- ‘Nurse Practitioner’ has been added as a health care provider who may provide approval for an immunocompromised client to receive varicella and/or MMR vaccine.
- Time interval for receipt of varicella and/or MMR vaccine prior to solid organ transplant changed from 6 weeks to 4 weeks.
- Content for malignant disease specified for “adults” and language changed from “...being cured of a malignant disease...” to “...no longer immunocompromised by malignant disease...”
- Any content related to the scheduling of varicella and/or MMR vaccination for a particular health condition has been removed from the footnotes, as the intent is to keep this as a ‘referral form’. Content related to immunization scheduling for a specific health condition is contained in the respective subsections of Section III, and therefore a link to Section III has been added below the table to inform the physician/nurse practitioner where this information can be found.
- Date, client name, DOB and PHN number has been added to the second page of each referral form.
- The time frame for which the referral form must be renewed by the physician or nurse practitioner has been changed from 3 months to 4 months.
- ‘PHN initials’ removed from the PHN documentation section on the second page of each referral form.

**Please remove page numbers: 10-11a dated February 2013
Please add new page numbers: 10-11a dated May 2016**

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1.4.4 Referral Form For Rotavirus Vaccination

- Hyperlink added to downloadable version of the form.
- 'Nurse Practitioner' has been added as a health care provider who may provide approval for an immunocompromised client to receive rotavirus vaccination.

Please remove page number: 11b dated May 2015
Please add new page number: 11b dated May 2016

1.5.1 Anatomic or Functional Asplenia

- Meningococcal vaccine updated to recommend meningococcal quadrivalent conjugate vaccine (Men-C-ACYW-135) for individuals 2 months of age and older. For children, Men-C-ACYW-135 would be given in place of Men-C-C as part of the routine childhood immunization schedule.
- Influenza vaccine updated to recommend that inactivated influenza vaccine should be used.
- Rotavirus vaccine added.
- Varicella vaccine updated to recommend 12 weeks between doses.
- MMR and varicella updated to recommend that separate MMR and varicella vaccines should be used, separated by an interval of 4 weeks. MMRV vaccine is contraindicated.
- Content relating to the timing interval for immunization before and after splenectomy updated and moved to footnotes.

Please remove page numbers: 12 & 13 dated November 2010 & June 2009
Please add new page numbers: 12 & 13 dated May 2016

1.5.2 Congenital Immunodeficiency States

- Meningococcal vaccine updated to recommend meningococcal quadrivalent conjugate vaccine (Men-C-ACYW-135) for individuals 2 months of age and older. For children, Men-C-ACYW-135 would be given in place of Men-C-C as part of the routine childhood immunization schedule.
- Hib vaccine updated to recommend Hib vaccine for all individuals 5 years of age and older regardless of immunization history.
- Influenza vaccine updated to recommend that inactivated influenza vaccine should be used.
- Varicella vaccine updated to recommend 12 weeks between the two doses.
- MMR and varicella updated to recommend that separate MMR and varicella vaccines should be used, separated by an interval of 4 weeks. MMRV vaccine is contraindicated.

Please remove page number: 14 dated January 2012
Please add new page numbers: 14 & 14a dated May 2016

1.5.5 Immunosuppressive Therapy

- Influenza vaccine updated to recommend that inactivated influenza vaccine should be used.
- Rotavirus vaccine added.
- 'Therapeutic monoclonal antibodies' added to list of examples of long-term immunosuppressive therapy. For a more comprehensive list, a link to the Canadian Immunization Guide has been added.
- '1.5.5.2 Infants born to mothers on immunosuppressive medication' added.

**Please remove page numbers: 21 & 22 dated November 2010
Please add new page numbers: 21-22a dated May 2016**

1.5.9 Candidate for or Recipient of Solid Organ or Islet Cell Transplant

- Hepatitis B vaccine updated to recommend that the renal formulation be used for kidney transplant candidates and recipients.
- For hepatitis B post immunization testing, content added that candidates/recipients of a kidney transplant should be tested annually as per subsection 1.5.6 Chronic Kidney Disease.
- Influenza vaccine updated to indicate that LAIV is not recommended after transplantation.
- Meningococcal vaccine updated to recommend meningococcal quadrivalent conjugate vaccine (Men-C-ACYW-135) for individuals 2 months of age and older. For children, Men-C-ACYW-135 would be given in place of Men-C-C as part of the routine childhood immunization schedule.
- Varicella vaccine updated to recommend 12 weeks between the two doses.
- Content regarding timing of vaccines revised, including:
 - Receipt of live vaccines prior to transplant changed from 6 weeks to 4 weeks.
 - Inactivated vaccines should be given at least 2 weeks prior to transplant.
- Rotavirus vaccine added.
- Time interval for beginning/resuming immunization after transplantation changed from '6-12 months' to '3-6 months'. Influenza vaccine recommendations added.
- Zoster vaccine content added.
- Content added regarding SOT recipients who are treated for rejection using rituximab or anti-lymphocyte treatments (e.g., anti-thymocyte globulin), and deferring immunization until 6 months post-treatment.
- Immunization recommendations for living donors added.
- Table 8: BC Children's Hospital Multi-organ Transplant Clinic Accelerated Immunization Schedule for Children Expected to be Transplanted Before 18 months of age & Table 9: BC Children's Hospital Multi-organ Transplant Clinic Routine Immunization Schedule for Children Expected to be Transplanted After 18 months of age updated to reflect current guidelines.

**Please remove page numbers: 29-33 dated January 2009-November 2010
Please add new page numbers: 29-33 dated May 2016**

2.0 Other Conditions:

2.9 Women Who are Pregnant or Planning a Pregnancy

- Influenza vaccine updated to indicate that this vaccine is recommended at any stage of pregnancy, and live attenuated influenza vaccine is contraindicated.
- Inactivated vaccines have been grouped under “All routine inactivated vaccines”, indicating that Human Papillomavirus (HPV) vaccine is contraindicated during pregnancy.
- Content related to women who receive RhIg postpartum and subsequent receipt of MMR and/or varicella vaccine has been updated to be consistent with Section VII-Biological Products.

**Please remove page numbers: 43 & 44 dated January 2010 & January 2009
Please add new page numbers: 43 & 44 dated May 2016**

2.10 Infants Born Prematurely

- Influenza vaccine updated to indicate that this vaccine is routinely recommended for children 6-59 months of age.
- Pneumococcal conjugate vaccine (PCV) added, indicating that infants born at 32 weeks gestation or less are at risk of impaired lung function and should be assessed for the need for a 4-dose schedule of PCV, as well as pneumococcal polysaccharide vaccine at 2 years of age.

**Please remove page numbers: 45 dated December 2015
Please add new page numbers: 45 & 45a dated May 2016**

Please also remove the Table of Contents for Section III – Immunization of Special Populations dated January 2016 and replace with the enclosed updated Table of Contents dated May 2016.

Section VII-Biological Products

Haemophilus b Conjugate Vaccine

Act-HIB®

INDICATIONS updated to include individuals 5 years of age and older with a congenital immunodeficiency regardless of immunization history.

**Please remove page number: 4 dated January 2016
Please add new page number: 4 dated May 2016**

If you have any questions or concerns, please contact Christine Halpert, Senior Practice Leader, BCCDC at telephone (604) 707-2555, fax (604) 707-2515 or by email at christine.halpert@bccdc.ca

Sincerely,



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