



**Date:** December 21, 2018                      **Administrative Circular:** 2018:20

**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, Appendix B and Appendix D**

**Appendix B – Administration of Biological Products**

The entire section has been updated and reorganized. Key revisions include:

- Addition of new subsections: Product Reconstitution, Drawing Up a Large Quantity of Biological Product for Individual Use, Syringes Pre-Filled by the Manufacturer, Oral Administration and Intranasal Administration.
- Addition of table summarizing 'Recommended Needle Sizes, Sites, and Maximum Volumes for Intramuscular Injection' according to age.
  - For intramuscular (IM) administration of vaccines into the deltoid site for infants, toddlers and older children, the recommended needle length has been revised to 5/8" to 1" as per current evidence. Selection of needle length depends on the muscle size and the amount of subcutaneous tissue, with a needle length sufficient to reach the largest part of the muscle.
- The deltoid is no longer the preferred site for IM injections for toddlers 12 months to 2 years. Either the deltoid or vastus lateralis may be used depending on available muscle mass.
- Rapid injection is no longer recommended for subcutaneous and intramuscular administration of biological products as there is a lack of evidence supporting the effect of rapid injection on reduction of immunization pain.
- All content related to tuberculin skin test (TST) administration has been removed; refer to [Chapter 4: Tuberculosis](#) for information related to TST administration.
- Minor revisions have been made to the Acetaminophen and Ibuprofen Dosing Guidelines Tables.
- The reference list has been updated, and in-text citations have been added.

**Please remove page numbers:** 1 – 26 dated September 2016  
**Please add new page numbers:** 1 – 32 dated December 2018

## **Appendix D – Reducing Immunization Injection Pain**

The entire section has been reorganized and updated based on the [“HELPinKids & Adults \(expanded and updated\): Clinical Practice Guideline for Reducing Pain during Vaccine Injections in Children and Adults”](#). Key revisions include:

- General:
  - Addition of new subsections: General Considerations, Strategies to Reduce Pain and Anxiety, and Techniques to Reduce the Risk of Fainting.
  - Immunization injection pain reduction strategies are now grouped into age categories, with overarching strategies that are effective with individuals of all ages. Strategies in each group are evidence-based and the interventions reflect best practice in five domains: procedural, physical, pharmacological, psychological, and process.
  - Recommendation for rapid injection has been removed based on lack of supporting evidence for this practice.
  - Recommendation for the use of topical anesthetics has been updated for all age groups, including a recommendation to combine topical anesthetics with other strategies.
  - Removal of the recommendation to consider use of practice dolls due to lack of evidence and feasibility.
  - Information related to the simultaneous administration of vaccines has been revised to reflect evidence for best practice in different age groups.
- Infants and Children < 3 Years of Age
  - Addition of the recommendation for non-breastfeeding infants to be offered either breastmilk alternative or non-nutritive sucking options (e.g., pacifier)
  - Additions to the recommendation for use of sweet-tasting solutions:
    - Expanded age range for use in infants and children up to 2 years of age
    - Information regarding RotaTeq® has been added
  - Addition of the Canadian Pediatric Society recommendation against screen time for children < 2 years of age with regard to the use of videos as a distraction technique.
- Children 3-17 Years of Age:
  - Addition of vibrating devices with cold as a pain reducing strategy
  - The use of a multifaceted approach that includes a vibrating device and cold is recommended.
  - Removal of recommendation to rub/stroke near the injection site prior to immunization for children ≥ 4 years of age due to a lack of evidence and concerns that it may increase the sensation of pain by drawing attention to the site.

- Adults  $\geq$  18 Years of Age:
  - Addition of vapocoolants and breathing techniques as pain reducing strategies
- The reference list has been updated, and in-text citations have been added.

**Please remove page numbers: 1 – 26 dated June 2012**  
**Please add new page numbers: 1 – 26 dated December 2018**

If you have any questions or concerns, please contact Christine Halpert, Senior Practice Leader, BCCDC (telephone: 604-707-2555 / email: [christine.halpert@bccdc.ca](mailto:christine.halpert@bccdc.ca)) or Stephanie Meier, Public Health Resource Nurse, BCCDC (telephone: 604-707-2577 / email: [stephanie.meier@bccdc.ca](mailto:stephanie.meier@bccdc.ca)).

Sincerely,



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