



BC Centre for Disease Control  
Provincial Health Services Authority

Immunization Programs and Vaccine Preventable Diseases Service  
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**Date:** March 8, 2024

**Administrative Circular:** 2024:04

**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 1: Measles and Chapter 2: Immunization, Part 4 – Biological Products**

**Chapter 1: Communicable Disease Control**

**Measles**

The following are the key changes and updates:

- Case definition:
  - Confirmed case definition has been revised to remove “fourfold or greater” as an example of significant rise in measles IgG titre. Four-fold applied when dilution techniques were used for quantification, but these are no longer in use.
  - Probable case definition has been revised to “Clinical illness in the absence of appropriate laboratory tests and not epidemiologically linked to a laboratory-confirmed case and with recent travel to an area of known measles activity.”
- Throat swab has been added as an option for measles PCR detection, however a preferential recommendation for nasopharyngeal swab is indicated. Content has been added regarding how to collect a throat swab.
- The term “PCR” has been replaced with “NAT”
- Added any IgM detection could also be from recent vaccination
- The term ‘clinical case’ has been replaced with ‘probable case’
- For assessment of susceptible contacts, content has been added indicating that serological testing for immunity is not appropriate for large groups of individuals in the follow-up of mass settings.
- Immunoprophylaxis recommendations for susceptible contacts have been revised as per the updated [National Advisory Committee on Immunization \(NACI\) recommendation for measles post-exposure prophylaxis](#). Updates include:
  - Passive immunization (immunoglobulin [Ig]) is no longer recommended for susceptible immunocompetent non-pregnant individuals aged 12 months and older. The only exposed contacts for whom Ig would be recommended are those known to be susceptible to measles and at high risk of measles related complications and within 6 days of measles exposure.

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- Intramuscular immunoglobulin (IMlg) is recommended for those weighing less than 30 kg. Intravenous immunoglobulin (IVIg) is recommended for those weighing 30 kg or more. NOTE: IVIg is available through hospital blood banks.
- A summary of individuals with immunosuppressive conditions for which post-exposure prophylaxis with Ig should be considered has been added.
- The epidemiology section has been updated.
- A subsection for inter-jurisdictional notifications has been added.

**Please remove entire section:** dated June 2014

**Please add new section:** dated March 2024

## Chapter 2: Immunization

### Part 4 – Biological Products

#### Immune Globulins

##### Immune Globulin (Ig): GamaSTAN®

- Immunoprophylaxis recommendations for susceptible contacts have been revised as per the [National Advisory Committee on Immunization \(NACI\) recommendation for measles post-exposure prophylaxis](#). The following revisions have been made:
  - Indications for post-exposure prophylaxis of measles contacts has been revised per the Communicable Disease Control Manual, Chapter 1: Measles
  - The indication for “those for who MMR is contraindicated” has been removed as Ig PEP is no longer recommended for non-pregnant susceptible immunocompetent individuals > 12 months of age due to the low risk of disease complications and the practical challenges of administration for case and contact management.
  - The dosage for post-exposure prophylaxis of measles contacts has been revised to 0.5 mL/kg IM (max. 15 mL) as per the above mentioned [NACI recommendations](#). Additional information has been added indicating the use of intravenous immune globulin (IVIg) for those weighing 30 kg or more as the product of choice for post-exposure prophylaxis of measles contacts.
- Under SPECIAL CONSIDERATIONS, interval between receipt of Ig and measles - containing vaccine has been revised to 6 months.

**Please remove page numbers:** 1-3 dated January 2021

**Please add new page numbers:** 1-3 dated March 2024

**Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella or Varicella Virus**

- Clarified if the immune globulin preparation or blood products are given 14 or more days after MMR, MMRV or varicella vaccine, the immunization does not need to be repeated.
- Measles prophylaxis content has been revised to remove the different dosages for healthy and immunocompromised contacts as all contacts eligible for IMIg would receive the same dose (0.5 mL/kg).
- IVIg for measles prophylaxis, along with the recommended interval has been added to the table.
- The indications for Hepatitis A prophylaxis have been revised and the interval updated to 6 months per product monograph.
- Interval associated with Botulism Immune Globulin (BabyBIG®) has been revised to 6 months.

**Please remove page numbers: 1-2 dated January 2021**  
**Please add new page numbers: 1-2 dated March 2024**

If you have any questions or concerns, please contact Julene Cranch, Interim Senior Practice Leader, BCCDC (telephone: 604-707-2555 / email: [julene.cranch@bccdc.ca](mailto:julene.cranch@bccdc.ca)).

Sincerely,



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Immunization Programs and Vaccine Preventable Diseases Service  
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