



Please also remove the Table of Contents for Section IIA-Immunization Schedules dated January 2016 and replace with the enclosed updated Table of Contents dated August 2016.

## **Section IIB-Contraindications and Precautions for Immunization**

### **4.1 Latex Content in Vaccines**

- Hiberix® and Gardasil®9 have been added to the list of products that do not contain latex.

**Please remove page number: 6 dated September 2015  
Please add new page number: 6 dated August 2016**

## **Section VII-Biological Products**

### **Haemophilus b Conjugate Vaccine**

- Hiberix® (Supplier: GlaxoSmithKline Inc.) has been added to the product page, with an accompanying footnote indicating its off-label use for those 5 years of age and older for specific chronic condition indications.
- INDICATIONS, DOSES AND SCHEDULE, ADMINISTRATION, BOOSTER DOSES, SEROLOGICAL TESTING AND ADVERSE EVENTS remain the same for both products. CONTRAINDICATIONS, PRODUCT COMPONENTS and SPECIAL CONSIDERATIONS have been revised to include information related to Hiberix®.

**Please remove page numbers: 4 & 4a dated May 2016 & January 2016  
Please add new page numbers: 4 & 4a dated August 2016**

### **Human Papillomavirus Vaccine [Quadrivalent and Nonavalent]**

- Gardasil®9 (Supplier: Merck Canada Inc.) has been added to the product page, with an accompanying footnote indicating the HPV types contained in Gardasil® and Gardasil®9.
- INDICATIONS revised:
  - Gardasil®9 indications added with accompanying footnotes:
    - Females born on or after January 1, 2005 and who are in grade 6 or older.
    - Females 9-26 years of age (inclusive) who are HIV positive and have not received a complete series of HPV vaccine (including Cervarix® or Gardasil®).
  - Gardasil® indication revised to “Unimmunized or incompletely immunized females born in 1994-2004”. Accompanying footnote indicates that these individuals are eligible up to 26 years of age (inclusive).
  - ‘Males in youth custody services centres’ has also been revised to remove the age criteria of “12-17 years of age (inclusive)”, as there may be youth older than 17 years of age in youth custody.

Page 2 of 5

- DOSES AND SCHEDULE includes footnotes indicating that Gardasil®9 is to be used for females who are in grade 6 and females who are HIV positive.
- CONTRAINDICATIONS and PRODUCT COMPONENTS updated to include information related to Gardasil®9.
- Content added to SPECIAL CONSIDERATIONS regarding individuals who started an HPV series with Gardasil® and wish to complete with Gardasil®9. These individuals should be informed that a complete series of Gardasil®9 is recommended to ensure protection against the five additional HPV types in the vaccine.
- ADVERSE EVENTS remain the same for both products, however content added regarding the small increase in injection site events for Gardasil®9.

**Please remove page numbers: 24a & 24b dated January 2016 & August 2015**  
**Please add new page numbers: 24a-24c dated August 2016**

### **2016/17 Seasonal Influenza Vaccines: Trivalent and Quadrivalent Inactivated Influenza Vaccines (TIIV & QIIV), and Quadrivalent Live Attenuated Influenza Vaccine (LAIV-Q)**

- Influenza pages for the 2016/17 season have been revised. Eligibility criteria for publicly funded influenza vaccine remain the same as in the previous season.

NOTE: The National Advisory Committee on Immunization (NACI) has included “Adults with neurologic or neurodevelopment conditions (neuromuscular, neurovascular, neurodegenerative, neurodevelopmental conditions and seizure disorders in adults)” to the list of individuals at high risk of influenza-related complications or hospitalization for whom vaccine is particularly recommended. This recommendation is based on the expert opinion of the committee members.

Most of these conditions are already included in BC’s eligibility criteria for publicly funded influenza vaccine under “Conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration (e.g., cognitive dysfunction, spinal cord injury, seizure disorder, and neuromuscular disorders)”. BC will revisit NACI’s recommendation when it becomes evidence-based.

- Major changes to the influenza pages include the following:
  - Revision of the included vaccine strains.
  - Revision to the recommendation for egg allergic individuals and live attenuated influenza vaccine:
    - As per the [NACI Statement on Seasonal Influenza Vaccine for 2016-2017: Addendum-Use of LAIV in Egg Allergic Individuals](#) (publication pending), LAIV can be safely administered to egg allergic individuals, including those who have experienced anaphylaxis following egg ingestion, according to standard practices.

- Removal of Fluzone® Quadrivalent. This product is not being provided in BC this season.
- Live attenuated influenza vaccine (LAIV) continues to be recommended for children 2-17 years of age, however the recommendation for its *preferential* use has been removed.

NOTE: The US Advisory Committee on Immunization Practices (ACIP) recently recommended that LAIV should not be used during the 2016/17 influenza season. Following this recommendation, NACI completed a careful review of the available vaccine effectiveness studies over the last several influenza seasons. NACI concluded that the evidence indicates continued significant, albeit inconsistent, LAIV vaccine effectiveness (VE) against influenza. NACI therefore recommends that in children without contraindications to the vaccine, any of the following vaccines can be used: quadrivalent live attenuated influenza vaccine (LAIV), quadrivalent inactivated influenza vaccine (QIV) or trivalent inactivated influenza vaccine (TIIV). However, the current evidence does not support a recommendation for the *preferential* use of LAIV in children 2–17 years of age. NACI continues to recommend that a quadrivalent formulation of influenza vaccine be used in children 2–17 years of age. If a quadrivalent vaccine is not available, TIIV should be used.

The ACIP recommendation was based upon the US CDC Flu VE Network data showing that estimates of LAIV effectiveness spanned zero during the influenza A/H1N1 dominant 2015/16 influenza season. As well, estimates of effectiveness included zero protection against the dominant circulating strains in the two prior influenza seasons: 2013/14, during which A/H1N1 was dominant, and 2014/15, during which A/H3N2 was dominant and during which inactivated influenza vaccine protection also spanned zero. Following the 2013/14 season, the A/California strain used in LAIV production was found to be heat labile, and for the 2015/6 season had been replaced with A/Bolivia. Protection during the 2014/15 season was low for both live and inactivated vaccine due to mismatch to the circulating A/H3N2 virus. All studies have been hampered by small numbers of vaccinated subjects, resulting in wide confidence intervals around estimates of vaccine effectiveness. LAIV continues to be recommended for use in the UK and Finland for the 2016/17 season.

NACI will continue to monitor future research results on LAIV vaccine closely, particularly against influenza A/H1N1 and the relative effectiveness of LAIV compared to inactivated influenza vaccine.

For more information, see the [NACI Statement on Seasonal Influenza Vaccine for 2016-2017: Addendum-LAIV Use in Children and Adolescents](#) (publication pending).

**Please remove page numbers: 31-34 dated August 2015 & September 2015**  
**Please add new page numbers: 31-34 dated August 2016**

Page 4 of 5

**Please also remove the Table of Contents for Section VII – Biological Products dated January 2016 and replace with the enclosed updated Table of Contents dated August 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](mailto:christine.halpert@bccdc.ca)

Sincerely,



Monika Naus, MD MHS Sc FRCPC FACPM  
Medical Director  
Immunization Programs and Vaccine Preventable Diseases Service  
BC Centre for Disease Control

pc: BC Ministry of Health:  
Dr. Perry Kendall  
Provincial Health Officer

Dr. Bonnie Henry  
Deputy Provincial Health Officer

Craig Thompson  
Director of Immunization  
Healthy Populations and Development Branch

Warren O'Briain  
Executive Director  
Healthy Populations and Development Branch