

October 29, 2007

ATTN: Medical Health Officers and Branch Offices

Public Health Nursing Administrators and Assistant Administrators

Holders of Communicable Disease Control Manuals

Re: Revisions to Communicable Disease Control Manual:

Chapter II – Immunization Program

Please note the following changes to the Communicable Disease Control Manual, Chapter 2 – Immunization Program:

(1) SECTION II: IMMUNIZATION SCHEDULES

Page 2, Schedule A: Basic Immunization:

- Influenza vaccine for infants 6 to 23 months of age added to schedule for immunization during influenza season. Footnote specifies two doses of vaccine in first year of vaccine receipt.
- Varicella at 12 months: "susceptible" removed (infants who have chickenpox disease at < 12 months of age may not have protective antibodies from that exposure, and should be given varicella vaccine).
- Reference to Grade 12 meningococcal C conjugate program removed from schedule and footnote.

Page 4, Schedule B: Children ≥ 1 Year But < 7 Years When Starting Immunization:

- Influenza vaccine added to schedule for children 12 to 23 months of age. Footnote indicates two doses of vaccine in first year of vaccine receipt.
- Third dose of Hepatitis B vaccine specifies dose to be given 4 months after first HBV dose and 2 months after second HBV dose.

Page 5, Schedule C: Children 7 Years to 17 Years (Inclusive) When Starting Immunization:

 Footnote for varicella defines "susceptible" as an individual with no history of chickenpox disease at > 1 year of age, and no previous receipt of varicella vaccine.

Administrative Circular #2007:14



Page 6, Schedule D: Unimmunized Adults:

- Footnote has clarification for varicella susceptibility.
- Addition to footnote♥ "Individuals born before 1957 are considered to have acquired natural immunity to measles."

Page 9, Section 8.0 "Vaccines Recommended for High Risk Clients:"

- The *symbol has been added to each indication for varicella vaccine, to direct the immunization provider to the Varicella Vaccine pages in Section VII.
- Clarification that Hepatitis B vaccine is indicated for chronic renal disease clients that are pre-dialysis or on dialysis.
- Addition to footnote♥: Individuals post-HSCT receive all indicated vaccines, regardless of immunization history prior to HSCT and whether it was an allogeneic or autologous HSCT.

Page 10, Adult and Child Immunization Post HSCT:

- Pediacel[®] added to vaccines containing diphtheria, tetanus, acellular pertussis, polio and Hib during the transition from Pentacel[™] to Pediacel[®].
- Note added to indicate that individuals post-HSCT receive all indicated vaccines, regardless of immunization history prior to HSCT and whether it was an allogeneic or autologous HSCT.

Page 12, Section 11.0 "Worksheet for Immunization of Child HSCT Recipients:"

 Pediacel[®] added to vaccine list during the transition from Pentacel[™] to Pediacel[®].

Pages 13 and 14: Guidelines for Solid Organ Transplant in Children:

 Pentacel[™] replaced by DTaP-IPV-Hib. When transition from Pentacel[™] to Pediacel[®] is complete, these pages will be updated with the specific biological product name

Page 16, Worksheet for Immunization of Adult Solid Organ Transplant Candidates and Recipients:

Hepatitis A vaccine is indicated for liver transplant candidates and recipients



(3) SECTION VII: BIOLOGICAL PRODUCTS:

Pages 1, 1a, 2, 59, 60 and 61: tetanus-containing vaccines

 History of Guillain-Barré syndrome (GBS) within 8 weeks of receipt of a tetanus-containing vaccine was added to these pages as a contraindication for vaccine. This was done for the Immunization Chapter revisions, dated August 2007, but not discussed in Administrative Circular 2007:11, dated August 17, 2007.

Page 1a, Pediacel®:

 New page: Pediacel® will replace Pentacel™. The Pentacel™page will be removed when the transition from one product to the other is completed.

Page 10, Hepatitis B Immune Globulin:

- Indication 3: Infant < 12 months of age has a mother with acute hepatitis B.
 HBIg is not required for household contacts of acute hepatitis B except for this age group.
- Re-ordered (corrected) information under Dosage, Indication 3: HBIg dosage is 0.06 ml/kg of body weight as required. Previous wording was "Give HBIg and hepatitis B vaccine 0.06 ml/kg of body weight."

Page 17, Hepatitis B Vaccine Pre- Exposure:

• Schedule for children < 11 years of age, using Recombivax® is three doses of vaccine given at 0, 1 and 6 months.

Page 18, Hepatitis B Post- Exposure Indications:

 HBIg is indicated for an infant < 12 months of age whose mother has acute hepatitis B.

Page 36, Measles, Mumps, Rubella Vaccine:

 New footnote Ø "Those born prior to 1957 are considered to have acquired natural immunity to measles."

Page 41, Meningococcal Quadrivalent Polysaccharide Vaccine (Menomune®):

Reinsertions of ♠ symbol.

Pages 42, 45 and 46, Pneumococcal conjugate and polysaccharide vaccines:

Vaccines indicated for islet cell transplant candidates or recipients.



Pages 71 and 73, Varicella vaccines:

• Information about "susceptibility" added to first footnote (referenced in Administrative Circular 2007:11, dated August 17, 2007, but omitted from these pages).

Pages 72, Varicella vaccine:

• Contraindication # 8 bolded to highlight administration for high risk/immunocompromised clients requiring MMR and varicella vaccine.

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter 2 – Immunization Program:

Section II - Immunization Schedules

Pages 2, 10, 13 & 14 Pages 4, 5, 6, 9, 12, & 16 Dated May 2007 Dated August 2007

Section VII – Biological Products

Pages 17, 18 & 36

Dated May 2007

TOC & pages 1, 2, 10, 17, 41, 42, 45, 46, 59, 60, 61, 71, 72, 73

Dated August 2007

Please insert the following replacement pages in the Communicable Disease Control Manual, Chapter 2 – Immunization Program:

Section II - Immunization Schedules

Pages 2, 4, 5, 6, 9, 10, 12, 13, 14 & 16

Dated October 2007

Section VII – Biological Products

TOC & Pages 1, 1a, 2, 10, 17, 18, 36, 41, 42, 45, 46, 59, 60, 61, 71, 72, & 73

Dated October 2007



If you have any questions or concerns, please contact Cheryl McIntyre, Associate Nurse Epidemiologist or Karen Pielak, Nurse Epidemiologist, at telephone (604)660-6061, fax (604)660-0197 or by email at cheryl.mcintyre@bccdc.ca or karen.pielak@bccdc.ca

Sincerely,

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