



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

Immunization Programs and Vaccine
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Date: March 20, 2017

Administrative Circular: 2017:05

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 IIB-Contraindications and Precautions for
Immunization, Section III-Immunization of Special Populations & Section VII-Biological
Products**

Section IIB-Contraindications and Precautions for Immunization

5.0 Conditions That Are Not Contraindications to Immunization

- Breastfeeding: Content added to indicate that there may be contraindications or precautions for vaccines offered outside of the BC Immunization Program (e.g., yellow fever vaccine). For more information, a reference to the *Canadian Immunization Guide, Part 3: Vaccination of Specific Populations, Immunization in Pregnancy and Breastfeeding* has been added.

**Please remove page number: 8 dated September 2015
Please add new page number: 8 dated March 2017**

Section III-Immunization of Special Populations

1.5.3 Hematopoietic Stem Cell Transplantation (HSCT)

Table 4: Worksheet for Immunization of Adult Hematopoietic Stem Cell Transplant (HSCT) Recipients (those 18 years of age and older)

- Footnote 2 has been revised to remove content related to the interchangeability of DTaP-IPV-Hib vaccines from different manufacturers. This content is contained on the DTaP-IPV-Hib product pages in Section VII-Biological Products with additional information.
- Footnote 3 has been revised to indicate:
 - For programmatic reasons, HSCT recipients should follow the hepatitis B vaccine schedule indicated in the table above, using the age-appropriate higher vaccine dosing.

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- Due to the total volume of vaccines administered at each visit, Recombivax HB® Dialysis Formulation (40 mcg/mL) may be used for those 20 years of age and older. For those 18 and 19 years of age, if Recombivax HB® (10 mcg/mL) adult presentation is unavailable, two vials of Recombivax HB® (5 mcg/0.5 mL) pediatric presentation may be used to administer a 1 mL (10 mcg) dose.
- Footnote 5 has been revised to indicate that if the client presents earlier for the 3rd dose of hepatitis B and the 2nd dose of hepatitis A, these vaccines can be administered following the *recommended* intervals, referring to Section VII-Biological Products.
- Footnote 9 has been revised from "...at an earlier visit" to "...as early as 6-12 months post-HSCT" for consistency.

Table 5: Worksheet for Immunization of Pediatric Allogeneic Hematopoietic Stem Cell Transplant (HSCT) Recipients (those under 18 years of age)

- Footnote 4 has been revised to indicate that for programmatic reasons, HSCT recipients should follow the hepatitis B vaccine schedule indicated in the table above, using the age-appropriate higher vaccine dosing.
- Due to the total volume of vaccines administered at each visit, for those 16-19 years of age, if Recombivax HB® (10 mcg/mL) adult presentation is unavailable, two vials of Recombivax HB® (5 mcg/0.5 mL) pediatric presentation may be used to administer a 1 mL (10 mcg) dose.

**Please remove page numbers: 16-18a dated January 2017
Please add new page numbers: 16-18a dated March 2017**

3.6 Individuals New to Canada

- Footnote C has been added, indicating that any dose(s) of oral polio vaccine (OPV) received on or after April 1, 2016 will not be considered as a valid dose within the routine BC immunization schedule. The rationale for this change is that according to the [World Health Organization](#), as of April 2016, trivalent oral polio vaccine (OPV) was replaced with either bivalent or monovalent OPV. In order to ensure protection against all 3 poliovirus types, individuals presenting with a record of OPV received on or after this date will require re-immunization with IPV or IPV-containing vaccine for any of these doses.

**Please remove page number: 51 dated January 2016
Please add new page number: 51 dated March 2017**

Section VII-Biological Products

Diphtheria-Tetanus-Acellular Pertussis-Hepatitis B-Polio-Haemophilus Influenzae Type b Adsorbed (DTaP-HB-IPV-Hib)

- Footnote A has been moved from INDICATIONS to DOSES AND SCHEDULE, and revised to indicate that the primary series of 3 doses of DTaP-containing vaccine should be completed with the product from the same manufacturer whenever possible. However, if the product used for prior dose(s) is unknown or unavailable from BCCDC pharmacy, the primary series may be completed with an alternative combination vaccine from a different manufacturer.
- SPECIAL CONSIDERATIONS: Content has been added indicating that any dose(s) of OPV received on or after April 1, 2016 will not be considered as a valid dose within the routine BC immunization schedule. For more information, see Section VII-Biological Products, Polio Vaccine, Special Considerations.

Diphtheria-Tetanus-Acellular Pertussis-Polio-Haemophilus Influenzae Type b Adsorbed (DTaP-IPV-Hib)

- DOSES AND SCHEDULES: Content related to interchangeability of INFANRIX®-IPV/Hib and PEDIACEL® in a primary series has been moved to footnote B. The content has been revised to indicate that the primary series of 3 doses of DTaP-containing vaccine should be completed with the product from the same manufacturer whenever possible. However, if the product used for prior dose(s) is unknown or unavailable from BCCDC pharmacy, the primary series may be completed with an alternative combination vaccine from a different manufacturer. Reference to the NACI statement has been removed.
- Footnote C has been added, indicating that either INFANRIX®-IPV/Hib or PEDIACEL® can be used as a booster dose for those under 7 years of age who require protection against tetanus, diphtheria, pertussis, polio, and Hib, regardless of which product was used for the primary series.
- BOOSTER DOSES: Footnote D has been added, referring to Section IIA-Immunization Schedules for information regarding booster doses using the age-appropriate tetanus and diphtheria-containing vaccines.
- SPECIAL CONSIDERATIONS: Content has been added indicating that any dose(s) of OPV received on or after April 1, 2016 will not be considered as a valid dose within the routine BC immunization schedule. For more information, see Section VII-Biological Products, Polio Vaccine, Special Considerations.
- ADVERSE EVENTS: “fever greater than 38.0°C” has been revised to “fever”.

Diphtheria-Tetanus-Acellular Pertussis-Polio-Adsorbed (DTaP-IPV)

- **BOOSTER DOSES:** content has been revised for consistency with other DTaP-containing vaccines, and associated footnote B added referring to Section IIA-Immunization Schedules for information regarding booster doses using the age-appropriate tetanus and diphtheria-containing vaccines.
- **SPECIAL CONSIDERATIONS:** Content has been added indicating that any dose(s) of OPV received on or after April 1, 2016 will not be considered as a valid dose within the routine BC immunization schedule. For more information, see Section VII-Biological Products, Polio Vaccine, Special Considerations.
- **ADVERSE EVENTS:** “fever > 38.0°C” has been revised to “fever”.

Tetanus-Diphtheria-Acellular Pertussis Adsorbed–Inactivated Polio (Tdap-IPV)

- **BOOSTER DOSES:** content has been revised for consistency with DTaP-containing vaccines, and associated footnote A added referring to Section IIA-Immunization Schedules for information regarding booster doses using the age-appropriate tetanus and diphtheria-containing vaccines.
- **SPECIAL CONSIDERATIONS:** Content has been added indicating that any dose(s) of OPV received on or after April 1, 2016 will not be considered as a valid dose within the routine BC immunization schedule. For more information, see Section VII-Biological Products, Polio Vaccine, Special Considerations.

**Please remove page numbers: 1-3b dated September 2014-January 2017
Please add new page numbers: 1-3b dated March 2017**

Hepatitis B Vaccine Higher Dose Schedule

- Footnote A has been added, indicating that for programmatic reasons, HSCT recipients should follow the hepatitis B vaccine schedule outlined in Section III-Immunization of Special Populations, 1.5.3 Hematopoietic stem cell transplantation (HSCT), using the age-appropriate higher vaccine dosing as indicated in the table above.
- Footnote C has been revised to indicate that the RECOMBIVAX HB® Dialysis Formulation (40 mcg/mL) may be used for HSCT recipients, and is no longer dependent on the availability of ENGERIX®-B.

**Please remove page number: 20a dated January 2017
Please add new page number: 20a dated March 2017**

Polio Vaccine (Inactivated)

- **DOSES AND SCHEDULES:** Footnote D has been added, indicating that any dose(s) of OPV received on or after April 1, 2016 will not be considered as a valid dose within the routine BC immunization schedule. For more information, see Special Considerations.
- **SPECIAL CONSIDERATIONS:** Content has been added regarding the rationale for the OPV change: According to the [World Health Organization](#), as of April 2016, trivalent oral polio vaccine (OPV) was replaced with either bivalent or monovalent OPV. In order to ensure protection against all 3 poliovirus types, any doses of OPV received on or after April 1, 2016 are not considered as a valid dose within the routine BC immunization schedule. Therefore individuals presenting with a record of OPV received on or after this date will require re-immunization with IPV or IPV-containing vaccine for any of these doses.

**Please remove page numbers: 51 & 52 dated January 2016
Please add new page numbers: 51 & 52 dated March 2017**

Rotavirus Vaccine (Human rotavirus, live attenuated, oral vaccine)

- **ADMINISTRATION:** Content has been added indicating the recommendation that rotavirus vaccine be given prior to injectable vaccines for the added benefit of pain relief. Current evidence indicates that rotavirus vaccine is comparable to sucrose solution in reducing injection-induced pain. Associated footnote D has been added with the reference for this recommendation.

**Please remove page numbers: 59 & 60 dated May 2015
Please add new page numbers: 59 & 60 dated March 2017**

Zoster Vaccine (live attenuated viral vaccine)

- **CONTRAINDICATIONS:** Breastfeeding has been removed.
- **ADVERSE EVENTS:** Fever has been removed.

**Please remove page numbers: 81 & 82 dated September 2016
Please add new page numbers: 81 & 82 dated March 2017**

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

Sincerely,



Monika Naus MD MHSc FRCPC FACPM
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Immunization Programs and Vaccine Preventable Diseases Service
BC Centre for Disease Control

pc: BC Ministry of Health:
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