



BC Centre for Disease Control  
Provincial Health Services Authority

Communicable Diseases and Immunization Service  
655 West 12th Avenue  
Vancouver, BC V5Z 4R4

Tel 604.707.2548  
Fax 604.707.2515  
[www.bccdc.ca](http://www.bccdc.ca)

**Date:** October 27, 2020

**Administrative Circular:** 2020:23

**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:**

- Introduction
- Part 1 – Immunization Schedules
- Part 2 – Immunization of Special Populations
- Part 4 – Biological Products
- Appendix C – Contraindications and Precautions for Immunization
- Supporting Documents – History of Immunization in BC

## Introduction

### Continuity of Immunization Services During COVID-19

- *1.6 Other Considerations* has been revised to indicate that baby clinics should be streamlined to prioritize the provision of immunization services, and the consideration of other health assessment activities (e.g., growth monitoring) should be based on clinical discretion and in accordance with health authority clinical practices.
- *1.7 Precautions to Minimize Transmission of COVID-19 in Clinical Settings for Immunization Services* has been revised as follows:
  - PPE recommendations for immunizers has been updated
  - A hyperlink to the [Guidance for Influenza Vaccine Delivery in the Presence of COVID-19](#) has been added for additional information on the delivery of influenza vaccine and mass immunization clinics during the COVID-19 pandemic
  - Content has been added regarding the consideration of a shorter post-vaccination observation period following influenza vaccination when physical distancing in post-vaccination waiting areas cannot be maintained and specific conditions are met, as per the [National Advisory Committee on Immunization \(NACI\): Recommendation on the Duration of the Post-vaccination Observation Period for Influenza Vaccination during the COVID-19 Pandemic.](#)

**Please remove:** entire document dated April 9, 2020

**Please add:** new document dated October 2020

Page 1 of 6

## **Guidance for Influenza Vaccine Delivery in the Presence of COVID-19**

- Content has been added regarding the consideration of a shorter post-vaccination observation period following influenza vaccination when appropriate physical distancing in post-vaccination waiting areas cannot be maintained and specific conditions are met, as per the [National Advisory Committee on Immunization \(NACI\): Recommendation on the Duration of the Post-vaccination Observation Period for Influenza Vaccination during the COVID-19 Pandemic.](#)

**Please remove:** entire document dated August 21, 2020

**Please add:** new document dated October 2020

### **Part 1 – Immunization Schedules**

- *2.3 Schedule C, 2.4 Schedule D, and 2.5 Schedule E* have been updated to include Tdap for pregnant people in every pregnancy, ideally between 27-32 weeks gestation.
- *2.4 Schedule D* has been updated to include Men-C-ACYW-135 for individuals born in 2002 or later (up to 24 years of age).
- *4. Timing and Spacing of Biological Products* has been updated to indicate that a 4-week interval is no longer recommended between receipt of LAIV-Q and any other live vaccine or a TB skin test.
- Td/IPV vaccine has been removed as this product is no longer available in Canada.

**Please remove:** entire section

**Please add:** new section dated October 2020

### **Part 2 – Immunization of Special Populations**

#### **Other high risk conditions**

##### **People Who are Pregnant or Planning a Pregnancy**

- Title of the section has been changed from “Women Who are Pregnant or Planning a Pregnancy” to “People Who are Pregnant or Planning a Pregnancy”.
- Tdap vaccine has been added to the list of recommended vaccines, ideally between 27-32 weeks of gestation, irrespective of previous Tdap immunization history. Please note that a [Q&A](#) for healthcare providers has been developed to support the implementation of this program.
- Footnote B has been added, indicating that immunization between 13 and 26 weeks of gestation may be considered in situations where there may be an increased risk of preterm delivery.

- *Rubella* section has been updated to indicate that serological screening for rubella antibodies is only recommended for those without documented laboratory evidence of rubella or one documented dose of a rubella-containing vaccine on or after 12 months of age. If a pregnant person has received one dose of rubella-containing vaccine on or after 12 months of age and subsequent rubella titres indicate that they are non-immune, a second dose of MMR can be provided. Serological testing following this dose is not required, and no further doses are recommended.
- *Varicella* section has been updated to indicate that serological screening for varicella antibodies is only for those without documented laboratory evidence of varicella immunity or two documented doses of varicella vaccine.

**Please remove page numbers:** 1-2 dated October 2018  
**Please add new page numbers:** 1-3 dated October 2020

**Please also remove the Title Page and Table of Contents for Part 2 – Immunization of Special Populations dated August 2018 and replace with the enclosed updated Title Page and Table of Contents dated October 2020.**

## **Part 4 – Biological Products**

### **Diphtheria & tetanus-containing vaccines**

#### **Tetanus-Diphtheria-Acellular Pertussis (Tdap): Adacel® and Boostrix®**

- *Indications and Doses and Schedule* sections have been updated to include ‘pregnant people in every pregnancy, ideally provided between 27-32 weeks of gestation’. One dose is recommended in every pregnancy irrespective of previous Tdap immunization history.
- Footnote C has been added to indicate that although Tdap is recommended for pregnant people at 27-32 weeks of gestation, it may be given from 13 weeks up to the time of delivery. A link to Part 2 – Special Populations, [People Who are Pregnant or Planning a Pregnancy](#) has been added for more information.
- Product components for Boostrix® have been updated.

**Please remove page numbers:** 1-3 dated April 2018  
**Please add new page numbers:** 1-3 dated October 2020

#### **Tetanus-Diphtheria-Inactivated Poliomyelitis Adsorbed (Td/IPV): Td Polio Adsorbed**

- This product is no longer available in Canada and therefore has been removed from the BC Immunization Manual.

**Please remove page numbers:** 1-2 dated September 2015

## **MMR & MMRV Vaccines**

### **Measles-Mumps-Rubella Vaccine (Live Attenuated Viral): MMR® II and Priorix®**

- *Precautions* section has been updated to indicate that MMR vaccine should be given on the same day or delayed until 4 weeks after administration of another live parenteral vaccine.

**Please remove page numbers:** 1-4 dated January 2018  
**Please add new page numbers:** 1-4 dated October 2020

### **Combination Measles-Mumps-Rubella and Varicella Vaccine (MMRV): Priorix-Tetra® and Proquad®**

- *Precautions* section has been updated to indicate that MMRV vaccine should be given on the same day or delayed until 4 weeks after administration of another live parenteral vaccine.

**Please remove page numbers:** 1-3 dated June 2018  
**Please add new page numbers:** 1-3 dated October 2020

## **Varicella vaccines**

### **Varicella Vaccine (Live Attenuated Viral Vaccine): Varilrix® and Varivax® III**

- *Precautions* section has been updated to indicate that varicella vaccine should be given on the same day or delayed until 4 weeks after administration of another live parenteral vaccine.

**Please remove page numbers:** 1-4 dated June 2018  
**Please add new page numbers:** 1-4 dated October 2020

**Please also remove the Title Page and Table of Contents for Part 4 – Biological Products dated September 2020 and replace with the enclosed updated Title Page and Table of Contents dated October 2020.**

## Appendices

### Appendix C –Contraindications and Precautions for Immunization

- *Table 1 General Contraindications and Precautions for Vaccine Administration and 2. Assessment for Contraindications and Precautions* have been updated to indicate that parenteral live virus vaccines must be administered on the same day or separated by a minimum interval of 4 weeks. Live oral and live intranasal vaccines can be given concomitantly with, or any time before or after any other live vaccine, regardless of the route of administration of the other vaccine.

**Please remove:** entire section

**Please add:** new section dated October 2020

## Supporting Documents

### History of Immunization in BC

- Tdap for pregnant people has been added to the list of *Diphtheria, Tetanus, Pertussis, and Polio Containing Vaccines* with a November 2020 start date.

**Please remove page number:** 3 dated August 2020

**Please add new page number:** 3 dated October 2020

If you have any questions or concerns, please contact Stephanie Meier, Senior Practice Leader, BCCDC (telephone: 604-707-2577 / email: [stephanie.meier@bccdc.ca](mailto:stephanie.meier@bccdc.ca)).

Sincerely,



Monika Naus MD MHSc FRCPC FACPM  
Medical Director  
Communicable Diseases & Immunization Service  
BC Centre for Disease Control

pc:

Provincial Health Officer  
Dr. Bonnie Henry

Dr. Reka Gustafson  
Vice President, Public Health &  
Wellness, PHSA & Deputy Provincial  
Health Officer

Deputy Provincial Health Officer  
Dr. Martin Lavoie

BC Ministry of Health, Population &  
Public Health Division:

Brian Sagar  
Senior Director Communicable  
Disease, Population and Public Health  
Division

Bernard Achampong  
Executive Director,  
Public Health, Planning and Prevention,  
Population and Public Health Division