



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

---

**Date**      **December 6, 2011**

**ATTN:**    Medical Health Officers and Branch Offices  
          Public Health Nursing Administrators and Assistant Administrators  
          Holders of Communicable Disease Control Manuals

**Re:**        **Revisions to the Communicable Disease Control Manual –  
                  Chapter II, Immunization Program**

**Please note the following changes to the Communicable Disease Control Manual, Chapter II - Immunization Program:**

**(1) SECTION IIA, IMMUNIZATION SCHEDULES**

**Pages 1, 2, 3, 4, 6 & 7: Immunization Schedules:**

- Schedules now include Rotavirus vaccine (where age applicable), changes to schedule for second dose MMR vaccine, addition to schedules of second dose varicella vaccine (where age appropriate) and indications for Aboriginal individuals for Hepatitis A vaccine.
- Footnotes for considering a grade 6 student up-to-date now refer to a previous dose of a “MCC-containing” vaccine, rather than a “MCC” vaccine.
- References to the grade 9 HPV program for girls have been removed.

**Pages 3 & 4, Schedules for children  $\geq 1$  but less than 7 years of age when starting immunization:**

- Added IPV to these schedules where ADACEL® is used for the booster dose following the primary vaccine series.

**Administrative Circular 2011:20**

---

**IMMUNIZATION AND VACCINE PREVENTABLE DISEASES SERVICES**  
**BC CENTRE FOR DISEASE CONTROL**  
655 WEST 12TH AVENUE, VANCOUVER BC V5Z 4R4  
PHONE: (604) 707-2517 | FAX: (604) 707-2516  
WWW.BCCDC.CA



**Page 6, “Schedule C:”**

- New footnote ③ “Provided to children born on or after July 1, 2002 when presenting prior to grade 6. Provided to adolescents who present after grade 6.”
- Footnotes renumbered.

**Page 7, “Schedule D:”**

- Footnote ② Measles, mumps and rubella criteria updated for consistency with vaccine pages.

**Page 12, “3.1 Minimum Intervals between Vaccine Doses Table:”**

- Rotavirus vaccine intervals added to the table.
- Minimum interval for doses of varicella vaccine is 6 weeks (consistent with product monograph.)
- New footnote ①: “All intervals  $\leq$  4 months are calculated in weeks in this table, i.e., 16 weeks is considered equivalent to 4 months.”
- Footnotes renumbered.

**Page 14,**

- Added the following: “The live attenuated influenza vaccine (LAIV), given by the intranasal route, may be given at the same time as other inactivated or live vaccines. When LAIV is not administered at the same time as another live parenteral vaccine, at least four weeks should pass before another live parenteral vaccine is administered.”

**(2) SECTION III, IMMUNIZATION OF SPECIAL POPULATIONS:****Page 14; 1.5.2, “Congenital Immunodeficiency States:”**

- Rotavirus added to the table, and information included regarding immunocompromising conditions and Severe Combined Immunodeficiency (SCID).

**(3) SECTION VII, BIOLOGICAL PRODUCTS:**

**Note:** The Institute for Safe Medication Practices (ISMP) Canada guidelines for “Dangerous Abbreviations, Symbols and Dose Designations” have been used in Section VII, Biological Products where applicable. Examples of this include changing “>” to “more than” and “<” to “less than”, changing a 1.0 mL dose to 1 mL, changing  $\mu\text{g}$  to mcg, etc. in order to avoid misinterpretation and errors. ISMP guidelines are available at

[http://www.ismp-canada.org?dangerous\\_abbreviations.html](http://www.ismp-canada.org?dangerous_abbreviations.html)

**Page 1, “Diphtheria – Tetanus – Pertussis – Hepatitis B – Polio – Haemophilus influenzae Type b Adsorbed (INFANRIX hexa™):”**

- “Reinforcements:” changes to indication (3)
  - Use PEDIACEL® if child is ≤ 59 months of age and no Hib dose has been given at ≥ 15 months of age; use Quadracel® when Hib has been given at ≥ 15 months of age.
  - Use QUADRACEL® if child is 5 to 6 years of age (inclusive) regardless of history of Hib doses

**Page 4, “Haemophilus b Conjugate Vaccine (ACT-Hib®):”**

- Under “Indications:” new indication (4) for individuals who have anatomic or functional asplenia. One dose of vaccine is recommended regardless of previous immunization history. This category was previously listed under “Unimmunized persons...”
- Footnotes renumbered because of above change.

**Page 5, “Hepatitis A Vaccine: Indications:”**

- Aboriginal persons 6 months to 18 years of age, on and off reserve” added.
- Footnote ② defines “Aboriginal” as including First Nations, Métis and Inuit individuals.

**Pages 6, 8, 9 & 10: Hepatitis A Vaccines:**

- Doses and scheduling added for the Hepatitis A vaccine infant and school entry programs, and for the Aboriginal individuals 7 – 18 years of age inclusive.

**Page 14, “Hepatitis B Pre-Exposure Indications:”**

- Clarification regarding Hepatitis B vaccine for Health Care Workers and others at occupational risk of exposure. There is no charge to the employee, and vaccine and administration costs are the responsibility of the employer. This is in accordance with WorkSafeBC regulations in “Controlling Exposure: Protecting Workers from Infectious Disease” available at [http://www.worksafebc.com/publications/high\\_resolution\\_publications/assets/pdf/bk129.pdf](http://www.worksafebc.com/publications/high_resolution_publications/assets/pdf/bk129.pdf)

**Page 16, “Hepatitis B Vaccine (Engerix®-B):”**

- Footnote ③ revised to express the minimum intervals between doses in weeks rather than months when the interval is 16 weeks or less.

**Pages 17 & 18, “Hepatitis B Vaccine Pre-Exposure (RecombivaxHB®):”**

- “Indications (3): added situations when Pediacel is used for a high risk infant weighing less than 2000 grams at birth.
- “Indications (4): added for clarity regarding age and appropriate dose of vaccine.
- Footnote ② revised to express the minimum intervals between doses in weeks rather than months when the interval is 16 weeks or less.

**Page 18a, “Hepatitis B Vaccine Options for 2011/2012 Grade 6 Series Completion:”**

- Footnote ⑤ recommends limited use of the RecombivaxHB® pediatric presentation in the grade 6 program unless there is excess inventory on hand, and reallocation of vaccine to another office is not feasible.

**Pages 24 & 25, “Human Papillomavirus Vaccine (GARDASIL®):”**

- “Indications (3) removed as 2010-2011 school year is the last year for the HPV vaccine program in Grade 9. Revised footnote ⑦ referring to the school program.
- “Indications” (4) changed to include females  $\geq 9$  years to  $\leq 45$  years of age. New footnote ⑦ describes which females in this age group are eligible for publicly-funded vaccine.
- “Indications” (5) new: males  $\geq 9$  years to  $\leq 26$  years of age.

**Pages 29 & 30, “Immune Globulin Preparations or Blood: Timing Intervals For Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Virus:”**

- Subcutaneous Immune Globulin (SCIg) added to product list.
- New footnote ② “SCIg may be used as a replacement for IVIg, with a dose calculated to accomplish the same effect as an IVIg dose. Doses will differ with the route of administration but timing intervals remain the same. SCIg doses are not provided in this table.”
- Footnotes renumbered.

**Page 35, “Measles/Mumps/Rubella Vaccine (Live Attenuated Viral) MMRII™ & Priorix™:”**

- Page updated to reflect removal of 18 month MMR dose from schedule
- MMR dose 2, if not previously received, provided at 4-6 years of age.

**Page 37, “Meningococcal C Conjugate Vaccine (MCC) Vaccine (Meningitec™):”**

- “Indications” (5) “Children born on or after July 1, 2002...” are eligible for MCC vaccine.”

**Page 40, “Meningococcal C Conjugate Vaccine (MCC) Vaccine (Neis Vac-C®):”**

- Footnote ⑦: MCC vaccine changed to “MCC-containing vaccine” for assessing up-to-date for a meningococcal conjugate C vaccine in Grade 6.

**Pages 41 & 42, “Meningococcal Conjugate Quadrivalent Vaccine (Menactra®):”**

- Footnote ④ removed from page 41 and replaces footnote ⑤ (an error) on page 42.

**Page 46, “Recommendations for Pneumococcal Immunization with 13-Valent Pneumococcal Conjugate Vaccine (PCV 13) and 23-Valent Pneumococcal Polysaccharide Vaccine (PPV 23) for Children at High Risk of Pneumococcal Disease:”**

- In the 24-59 month age group, under “Previous doses PCV 13”, the category “≤ 2 doses PCV 13 before 24 months” has been changed to “Any PCV 13 age-appropriate series incomplete by 24 months.”
- New footnote ⑤ defines a “complete” PCV series.

**Pages 48 & 50, “Pneumococcal Polysaccharide Vaccine (Pneumo23™) and Pneumococcal Polysaccharide Vaccine (Pneumovax®23):”**

- Under “Precautions,” removal of “Do not administer [PPV23] and ZOSTAVAX™ at the same time due to the possibility of an inferior response to ZOSTAVAX™. Separate these vaccines by 4 weeks”.
- Footnote ⑥ addition: “A study found no evidence of an increased incidence of herpes zoster after concomitant administration of ZOSTAVAX™ and pneumococcal polysaccharide vaccine (Tseng, H.F., et al Vaccine, 2011 May 9; 29 (20): 3628-32). Pneumococcal polysaccharide vaccine and ZOSTAVAX™ can be given at the same time.”
- Footnotes renumbered
- Footnote ⑦ changed from “PCV7” to “PCV”.

**Pages 62a & 62b, Rotavirus vaccine (Pentavalent Human-bovine reassortant) (Oral live attenuated viral) (RotaTeq®)**

- Under “Indications” added “For infants presenting on or after January 1, 2012”
- Under “Initial Series” added “Administer last dose by 8 months plus 0 days of age.”
- Footnote ① now reads “Preterm infants who are healthy and not hospitalized can receive RotaTeq® vaccine.”
- Footnote ⑤ now reads “All doses should be administered by 8 months plus 0 days of age.”

**Pages 62c & 62d, Rotavirus vaccine (Human rotavirus, live attenuated, oral vaccine) (Rotarix™)**

- Under “Indications” added “For infants presenting on or after January 1, 2012”
- Under “Indications” added “Infants who can commence immunization at ≥6 weeks of age and up to 20 weeks (20 weeks less 1 day of age AND who can complete the series by 8 months plus 0 days of age.”
- Under “Contraindications” added latex (present in the oral applicator.)
- Footnote ① now reads “Preterm infants who are healthy and not hospitalized can receive Rotarix™ vaccine.”
- Footnote ③ now reads “The first dose should not be given after 20 weeks less 1 day of age.”
- Footnote ⑤ now reads “All doses should be administered by 8 months plus 0 days of age.”

**Pages 70 & 71, “Tuberculin Skin Test (Mantoux) Tubersol®:”**

- Under “Indications” added “Screening individuals prior to starting tumor necrosis factor (TNF) inhibitors.”
- Under “Precautions” added FLUMIST® to other vaccines listed as a timing precaution for TB testing.
- Footnote ❶ (new) provides a link to the BC Communicable Disease Control Manual, Chapter 4, Tuberculosis Control Manual.

**Pages 78 & 79, “Varicella Vaccine (live attenuated viral) Varivax®III and Varilrix®:”**

- Under “Indications” added “Children presenting on or after January 1, 2012: two dose series”
- “Initial Series” includes the schedule for the two-dose varicella series.
- Minimum interval between two vaccine doses is changed from 4 weeks to 6 weeks for consistency with product monograph

**Pages 81 & 82, “Varicella Zoster Vaccine (live attenuated viral) (ZOSTAVAX™):”**

- “Indications:” Zoster vaccine approved for use in individuals  $\geq 50$  years of age.”
- “Special Considerations:” Added “ZOSTAVAX™ may be administered at any time before, at the same time as, or after administration of any blood product, including antibody-containing products.”
- Removal of “Precaution” 5: “ZOSTAVAX™ and a pneumococcal polysaccharide 23 valent vaccine should not be given at the same time due to the possibility of an inferior immune response to ZOSTAVAX™. Separate these vaccines by 4 weeks.”
- Footnote ❸ now reads: “A study found no evidence of an increased incidence of herpes zoster after concomitant administration of ZOSTAVAX™ and pneumococcal polysaccharide vaccine (Tseng, H.F., et al Vaccine, 2011 May 9;29 (20): 3628-32). Pneumococcal polysaccharide vaccine and ZOSTAVAX™ can be given at the same time.”
- Footnotes renumbered.

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

**Section IIA, Immunization Schedules**

TOC and pages 1-18 Various dates

**Section III, Immunization of Special Populations**

Page 14 Dated November 2010

**Section VII, Biological Products**

Pages 1, 16, 18, 18a, 42, 62a, 62b, 62c, 62d, 78, Dated November 2010

Pages 4, 5, 41 & 82 Dated January 2010

Pages 6, 8, 9, & 10 Dated January 2009

Pages 14, 29, 30, 37, 40, 48, 50, 70 & 71 Dated April 2010

Pages 17, 24, 25 & 46 Dated December 2010

Page 35 Dated June 30, 2011

Page 79 Dated June 2009

Page 81 Dated May 2010

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

**Section IIA Immunization Schedules**

TOC and pages 1-18 Dated January 2012

**Section III, Immunization of Special Populations**

Page 14 Dated January 2012

## Section VII, Biological Products

TOC and pages 1, 4, 5, 6, 8, 9, 10, 14, 16, 17, 18,  
18a, 24, 25, 29, 30, 35, 37, 40, 41, 42, 46, 48,  
50, 62a, 62b, 62c, 62d, 70, 71, 78, 79, 81 & 82

Dated January 2012

If you have any questions or concerns, please contact Cheryl McIntyre, Clinical Nurse Specialist, at telephone (604) 707-2510, fax (604) 707-2516 or by email at <mailto:cheryl.mcintyre@bccdc.ca>

Sincerely,



Dr. Monika Naus,  
Medical Director, Immunization and Vaccine Preventable Diseases Services  
BC Centre for Disease Control

pc: Ministry of Health services:

Dr. Perry Kendall  
Provincial Health Officer

Dr. Eric Young  
Deputy Provincial Health Officer

Dr. Bob Fisk  
Medical Consultant  
Non-Communicable Disease

Craig Thompson  
Director, CD Prevention – Immunization

Warren O'Briain  
Executive Director  
Communicable Disease and Addiction Prevention