



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

Date: May 30, 2012

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 IA- Introduction

Recent program changes inserted into the following pages:

- Page 23-Td containing vaccines
- Page 25-Hepatitis A
- Page 32- MMR
- Page 35- Pneumococcal
- New program page- Page 37- Rotavirus
- Page 38- Varicella

Page 37/38 Varicella program page renumbered 38/39, “Other” program page renumbered 39 to 40, references page 40-42 renumbered 41-43 to accommodate Rotavirus program page

(2) SECTION IIA- Immunization schedules

Page 1- 1.0 Routine Schedules: School entry booster- Diphtheria/ Tetanus/ Pertussis/ IPV products updated to include Adacel-IPV®

Admin Circular: 2012:12

Page 2- 1.1.1 Schedule A- Basic Immunization when starting with Pediacel® vaccine: School entry booster-Diphtheria/ Tetanus/ Pertussis/ IPV products updated to include Adacel-IPV®

Page 3- 1.1.2 Schedule B: Children ≥ 1 year but less than 7 years when starting immunization (Children who will be able to complete a series of INFANRIX hexa™ before 7 years of age):

- **Six months after 3rd INFANRIX hexa™:** PEDIACEL® added to product list.
- **Footnote 4-** Edited to read: Administer PEDIACEL® to children presenting for this dose before 7 years of age, regardless of HIB need. If a child is ≥ 7 years of age, administer ADACEL® and IPV or ADACEL®-IPV
- **School entry:** School entry booster- Diphtheria/ Tetanus/ Pertussis/ IPV products updated to include Adacel-IPV®

Page 4- 1.2.1 Alternate schedule B: Children ≥ 1 year but less than 7 years when starting immunization

- **Six months after 3rd DTaP-IPV:** PEDIACEL® added to product list.
- **Footnote 4-** Edited to read: Administer PEDIACEL® to children presenting for this dose before 7 years of age, regardless of HIB need. If a child is ≥ 7 years of age, administer ADACEL® and IPV or ADACEL®-IPV

Page 6- 1.4 Schedule C: Children 7 Years To 17 Years (Inclusive) When Starting Immunization

- **Footnote 1-** edited to add a minimum interval of 6 weeks between varicella doses when series started ≥13 years of age

Page 7- 1.5 Schedule D: Unimmunized Adults Age 18 and Older When Beginning Immunization

- **Footnote 3-** edited to add a minimum interval of 6 weeks between varicella doses when series started ≥13 years of age

Page 12- 3.1 Minimum Intervals between Vaccine Doses Table

- 3 month minimal interval added to Varicella line
- **Footnote 9-** edited to add: For scheduling purposes, minimum interval if dose 2 given between 12 months-12 years is ≥ 3 months. However if a second dose is discovered to have been given at least 6 weeks from the first in this age group can be accepted as valid. Minimum interval if vaccines given ≥ 13 years of age remains ≥ 6 weeks.

(4) Section VII- Biological Products

1. Page 6 and 7 Hepatitis A Vaccine (Havrix®)

- **INITIAL SERIES EDITS:**

Using HAVRIX® presentation of 720 ELU per 0.5 mL

-Edits to: (3) & (4) footnote ④ added

Using HAVRIX® presentation of 1440 ELU per 1.0 mL

(5) Aboriginal children ≥ 16 years-18 years of age④

(6) Eligible individuals ≥ 16 years of age④

Dose 1: 1.0 mL IM

Dose 2: 1.0 mL IM (1440 ELU presentation) 6 to 12 months after dose 1.

(7) Eligible individuals ≥ 19 years of age⑤

Dose 1: 1.0 mL IM

Dose 2: 1.0 mL IM (1440 ELU presentation) or 0.5 mL IM (720 ELU presentation) 6 to 12 months after dose 1

VACCINE COMPONENT Section:

- Deleted: 2-phenosyethanol

ADVERSE EVENTS Section:

- Deleted: tend to be mild and transient

FOOTNOTES Section:

- Footnote ④ relabelled Footnote ⑤
- **Added: Footnote ④** A 1.0 mL dose of adult formulation Havrix® 1440 should be used for those ≥ 16 years of age to address the licensing gap between Havrix® 1440 and Avaxim™ pediatric when these are the only available products. This recommendation is required because of the varied age approvals for Hepatitis A vaccine product lines in Canada. An adult dose (1.0 mL of Havrix® 1440) in teens 16-18 years of age will be immunogenic and will result in less wastage of vaccine. As well, Havrix® 1440 is provided in a 1.0 mL pre-filled syringe without a demarcation at the 0.5 mL mark.

Page 62c and 62d- Rotavirus Vaccine (Rotarix®)

- **INDICATIONS EDITS: deleted:** AND who can complete the series by 8 months less 1 day of age.

Page 78-80 Varicella Vaccine

-INDICATIONS EDITS:

- Indication 1& 2 merged to Indication 1), edited to add: “A second dose is routinely recommended for children: ...

- entering grade 6 starting the 2012-2013 school year (≥ 3 months between dose 1 & 2)^⑨. This is a catch-up program until about 2016-2017.”
- Minimum interval of ≥ 3 months between dose 1 & 2 added
- Indications 5 & 6 merged, immigrants from tropical countries added

-INITIAL SERIES EDITS:

- **Merged “Indication (1)” and “susceptible children 7-12 year of age”**
- **Removed bullet beginning with, “Dose 2” under indication (1) And replaced with Those eligible for a second dose^⑦:
Dose 2: 0.5 mL SC at school entry (4 to 6 years of age), presenting on or after January 1, 2012 or at grade 6 starting in 2012-2013 school year (≥ 3 months from first dose)^{⑨⑩}”**

-FOOTNOTES EDITS:

The following footnotes added:

- ⑦ Children who have a history of either physician diagnosed herpes zoster or lab confirmed varicella after their first dose do not require a second dose as they will have developed immunity. If disease history is uncertain provide a second dose.
- ⑧ There is currently no recommendation for a second dose in those who are > grade 6 (age 11) starting in the 2012-2013 school year.
- ⑨ Vaccine effectiveness data indicates that a ≥ 3 month interval is recommended between varicella doses given between 12 months and 12 years of age.
- ⑩ Children who entered Kindergarten in the 2011-2012 school year, and are younger their 7th birthday, but received their school entry vaccines prior to January 1, 2012 should be offered varicella vaccine on an opportunistic basis.

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter 2 – Immunization Program, Section VI: Management of Biologicals:

Remove pages 6, 7, 62c, 62d, 78, 79, 80.

Please insert the following pages in the Communicable Disease Control Manual, Chapter 2 – Immunization Program, Section VI: Management of Biologicals:

Replace with pages 6, 7, 62c, 62d, 78, 79, 80.

If you have any questions or concerns, please contact Brittany Deeter, Immunization and Vaccine Preventable Disease Nurse Consultant, at telephone (604) 707-2522, fax (604) 707-2515 or by email at brittany.deeter@bccdc.ca.

Sincerely,

A handwritten signature in blue ink that reads "Monika Naus". The signature is written in a cursive, flowing style.

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

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