



BC Centre for Disease Control

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ATTN: Medical Health Officers
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals
Holders of Immunization Program Manuals

The BCCDC Immunization Program Manual is now available on-line at
<http://www.bccdc.org/content.php?item=83>

The manual is now in nine sections, with hyperlinks and separate pagination so that ongoing changes can more easily be made.

The following are the substantive changes made to the manual:

I. SECTION I: INTRODUCTION

Subsection 4.1 Health Authority Responsibility:

- Revised or new wording regarding Health Authority requirement to:
 - facilitate (rather than ensure) immunization delivery by trained service providers
 - include specified elements in the health unit record of immunization
 - provide (rather than maintain) an individual immunization record to the client
 - facilitate (rather than ensure) vaccine providers have access to BCCDC policies and standards of practice for immunization
 - investigate incidents, as they become aware of them, where BCCDC policies and standards of practice for the delivery of immunization services are not followed
 - have a contingency plan to deploy public health clinics capable of mass immunization in the event of pandemic influenza or bioterrorist attack

Administrative Circular: 2002:12

Subsection 5.0 Immunization Certification Program

- New subsection

Subsection 6.0 Opportunity for Immunization in Acute Care Institutions:

- This new subsection is taken from the Canadian Immunization Guide, 6th Edition (2002). Its intent is to reduce missed opportunities for immunization in acute health care settings.

II. SECTION II: IMMUNIZATION SCHEDULES

Subsection 1.0 Guidelines for Immunization Schedules:

- Deleted the bullet that specified if a fractional dose of half or more of the usual volume had been given by the recommended route it could be considered as a full dose. The guideline now states that if a fractional dose has been given, it should be ignored and a full dose given.
- New bullet that specifies doses given at less than the recommended interval may result in less than optimal antibody response and should not be counted as part of a primary series.

Subsection 5.0 Schedule C: Children 7 to 18 Years (inclusive) when starting Immunization:

- Tetanus – Diphtheria – acellular Pertussis (Tdap) (Adacel) is recommended for primary immunization of these children.

Subsection 7.0 Schedule E: Reinforcing Immunization of Previously Immunized Adults:

- In accordance with the revised Canadian Immunization Guide, it is now recommended that adults receive a tetanus and diphtheria booster every 10 years, and not alternatively as a minimum, at least once during adult life.

III. SECTION III: CONTRAINDICATIONS AND ROUTINE PRECAUTIONS FOR IMMUNIZATION

Subsection 6.1 Live vaccines and altered or uncertain immunity:

- High doses of oral corticosteroid therapy of more than 14 days duration is specified as 2 mg/kg of prednisone or a maximum daily dose of 20 mg for both children and adults.

Subsection 8.13.1 Immunoblative therapy general principles:

- In accordance with the revised Canadian Immunization Guide, the recommendation is to wait **at least** 12 months after ablative therapy before administering live vaccines. The previous guideline had been to wait at least 24 months.

IV. SECTION IV: VACCINE ADMINISTRATION

- No changes.

V. SECTION V: ANAPHYLAXIS

Subsection 5.0 Use of tourniquets:

- Recommendations for the use of tourniquets in the management of anaphylaxis have been deleted.

Subsection 6.0 Administration of Benadryl®:

- New bullet re: oral treatment with Benadryl® being preferred for conscious patients who are not seriously ill because Benadryl® is painful when given IM.

Subsection 7.0 Client Transport:

- New subsection.

Worksheet For Emergency Treatment of Anaphylaxis:

- Addition of space for optional recording of respiratory rate, pulse, and other.

VI. SECTION VI: MANAGEMENT OF BIOLOGICALS

Subsection 1.0 Equipment:

- The addition of information about **temperature indicator cards** to monitor the temperature exposures of biological products while in transit.

Subsection 5.0 Returning Biological Products:

- Detailed information about returning biological products, including reasons for product return, and packing and shipping instructions.

VII. SECTION VII: BIOLOGICAL PRODUCTS

Page 5 - Haemophilus b conjugate vaccine (Act-HIB®):

- Under indications (persons older than 5 years of age): addition of those who will be receiving or have received a cochlear implant.

Page 6- Hepatitis A Vaccine Indications:

- Hepatitis A vaccine is recommended and provided free to specified contacts of a case of hepatitis A, if it can be given within 14 days after the contact's last exposure to the case while case was in the infectious period.

Page 11- Hepatitis B Immune Globulin:

- There is no outer time limit to the administration of HBIG for infants < 12 months of age when the mother is at high risk for hepatitis B infection (i.e. STW or IDU) and her infectious status is unknown or negative (possible window period.) The previous limit was within 14 days of delivery.
- Percutaneous or mucosal exposure to a HBsAg positive source has been added under indications for HBIG.

Page 13- Hepatitis B Post-Exposure Prophylaxis for Percutaneous and Mucosal Exposures:

- Hepatitis B vaccine schedule for all indications is 0, 1 and 6 months. The 4 dose schedule has been deleted.
- Consensual adult sex with a known STW or IDU, where there are no source test results to confirm infectivity, is **not** an indication for HBIG, nor is a community acquired needlestick injury. The risk of transmission is low and the number needed to treat to prevent infection is extremely high. Hepatitis B vaccine is indicated for susceptibles. HBIG and vaccine **is** indicated for victims of sexual assault.

Page 14- Hepatitis B Vaccine Pre-exposure Indications:

- The following groups have been added to those eligible for publicly-funded vaccine:
- Staff and residents in community group homes for the developmentally disabled
- Previously unimmunized children and staff in childcare settings where there is a child infected with hepatitis B
- Previously unimmunized teachers and classroom contacts of developmentally challenged known hepatitis B carriers whose behavior or medical condition increases risk to others

Page 15- Hepatitis B Vaccine for Students of Health Care Professions:

- Midwives have been added to this group.

Page 17- Hepatitis B Vaccine Pre-Exposure (Engerix®-B, 20 mcg/1.0ml):

- Additional note: "Do not use Engerix®-B vaccine (20 mcg/1.0 ml) in children and infants < 7 years of age as it contains thimerosal as a preservative. Use thimerosal-free Recombivax HB® or Engerix®-B pediatric formulation (10 mcg/0.5 ml vial) which contains a trace amount of thimerosal (<0.5 mcg mercury).

Page 19- Hepatitis B Vaccine Post-Exposure Indications:

- Household contacts of chronic carriers have been added to the group recommended to have post-vaccination serology 1 month after completion of the hepatitis B vaccine series.

Page 23- Hepatitis B Vaccine Program for End Stage Renal disease Clients:

A 2 months to 6 years age group has been added to the table. The vaccine dosage for this age group is based on NACI dosage guidelines to double the regular dosage for children who may be hyporesponsive.

Page 25- Immune Globulin:

- Immune globulin for post-exposure prophylaxis of hepatitis A contacts is to be offered only to those for whom hepatitis A vaccine is contraindicated. Vaccine is preferred over the use of IG.

Page 28- Immune Globulin Preparations (HBIG, ISG, TIG, VZIG, HRIG):

- The ventrogluteal site has been added to the table.

Page 35- Meningococcal C Conjugate Vaccine (Menjugate™):

- Revised wording for one of the groups in the category of “Recommended and provided free to”: complement, properdin, or factor D deficiencies. This reflects the new wording in the Canadian Immunization Guide.
- The timing intervals for the administration of conjugate and polysaccharide-based meningococcal vaccines have been changed to be consistent with the recommended intervals in the revised Canadian Immunization Guide. Following administration of the conjugate vaccine, a 2 week interval is recommended before the polysaccharide vaccine is administered. This allows time for generation of an immune response. When the polysaccharide-based vaccine is given first, the recommended interval before administration of a meningococcal C conjugate vaccine is 6 months.

Page 47- Rabies Vaccine Pre-Exposure:

- Another group has been added to the “Recommended but not provided free to” group: under “moderate risk” – hunters and trappers in high risk areas such as the far north.

Page 53- Tetanus-Diphtheria-acellular Pertussis (Tdap, Adacel™):

- This is a new page and specifies that the vaccine is recommended and provided free to **children** ≥7 years of age who have not been immunized, and to immigrants with unknown status.

Page 63- Varicella Vaccine (Varivax® III):

- Varivax® III is the third generation of the Merck Frosst varicella vaccine. It is refrigerator stable at 2- 8 degrees C until lot expiry.

VIII. PRINCIPLES OF IMMUNOLOGY

- No changes.

IX. VACCINE ASSOCIATED ADVERSE EVENTS

- Deletion of information pertaining to whole cell pertussis vaccine.
- Deletion of references to now discontinued vaccines.

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

Sincerely,

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