



May 14, 2007

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

Re: Revisions to Communicable Disease Control Manual

Please note the following revisions to the Communicable Disease Control Manual, Chapter 2 – Immunization Program; Section II – Immunization Schedules:

(1) Page 5:

- Schedule C has been renamed to “Children 7 years to 17 years (inclusive) When Starting Immunization.”

(2) Page 6:

- Schedule D has been renamed to “Unimmunized Adults Age 18 or Over When Beginning Immunization.”
- New recommendation from the 2006 Canadian Immunization Guide (p. 262): Adults \geq 18 years of age who have not been immunized, including immigrants with unknown immunization status are to receive one dose of Adacel™ followed by two doses of Td

(3) Pages 6, 7, and 18:

- Updated indications for polio vaccine for adults and health care workers

(4) Page 8 Minimum Intervals Between Vaccine Doses:

- Deleted information pertaining to minimum intervals for hepatitis B vaccine. For information on minimum intervals, please refer to hepatitis B vaccine-specific pages in Section VII – Biological Products.

(5) Pages 9 to 16:

- These pages have been revised primarily to incorporate the changes made to Section VII – Biological Products with regard to meningococcal, pneumococcal, and Tdap vaccines (see subsequent information regarding Section VII changes).

Administrative Circular #2007:06



(6) BC Children’s Hospital Multi-Organ Transplant Clinic ACCELERATED Immunization Schedule for Children Expected to be Transplanted BEFORE 18 Months of Age (Page 13):

- NeisVac-C vaccine is the preferred meningococcal C conjugate vaccine to be administered to this group in an accelerated schedule at 2 – 4 – 6 months of age.

(7) BC Children’s Hospital Multi-Organ Transplant Clinic ROUTINE Immunization Schedule for Children Expected to be Transplanted AFTER 18 Months of Age (Page 14):

- NeisVac-C vaccine is the preferred meningococcal C conjugate vaccine to be administered to this group in the routine schedule at 2 and 12 months of age.

(8) Vaccines Recommended for all Health Care and Childcare workers (Page 21):

- routine meningococcal immunization of HCWs is not recommended; however, NACI recommends meningococcal quadrivalent conjugate vaccine (Menactra™) for research, industrial and clinical laboratory personnel who are routinely exposed to *N. meningitidis*. Please note that BCCDC does not provide Menactra™ free for these persons.

(9) Re-dated:

- due to the above changes, Section II has been entirely re-dated

Please note the following changes to the Communicable Disease Control Manual, Chapter 2 – Immunization Program; Section VII – Biological Products:

(1) Cholera vaccine (Mutacol Berna™):

- This vaccine is no longer available in Canada and will not be available in the future. The page has been deleted.

(2) Pentacel™ and Quadracel™ vaccines:

- Pages list the vaccine antigen abbreviations consistent with national naming conventions.
- Footnotes added to each page that the minimum age for a 5th dose is 4 years of age.

(3) Hepatitis A vaccine (Epaxal Berna®)

- This vaccine is no longer available in Canada and the page has been deleted

(4) Hepatitis B vaccines Pre-exposure Indications :

- Household contacts of internationally adopted children (who are chronic carriers or have unknown hepatitis B status) are eligible to receive publicly-funded hepatitis B vaccine.



(5) New page outlining the NACI recommendations for the use of GARDASIL™ (human papillomavirus vaccine).

(6) Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella, or Varicella Virus:

- Rubella-susceptible women who receive RhIg post-partum should be given MMR vaccine at the same time as RhIg (as soon as possible following delivery) and tested 2 months later to determine rubella immunity. If the woman is not immune, administer another dose of MMR vaccine. Alternately, if follow-up can be ensured, administer MMR vaccine **2 months** after delivery.
- Varicella-susceptible women who receive RhIg post-partum should be given the first dose of varicella vaccine **2 months** after delivery.

(7) Meningococcal quadrivalent conjugate vaccine (Menactra™) - serogroups A, C, Y, W-135:

- Menactra™ has replaced meningococcal quadrivalent polysaccharide vaccine (Menomune®), serogroups A, C, Y, W-135 for the following indications:
 - Medically high risk
 - Contacts of invasive meningococcal disease
 - Control of outbreaks of invasive meningococcal disease

(8) Meningococcal C conjugate (MCC) vaccines:

- MCC vaccine pages reflect changes necessitated by the introduction of Menactra™ for the above indications
- Menjugate™ vaccine page has been deleted as BCCDC does not have a publicly-funded program using Menjugate™ and does not stock it. Any questions regarding the use of Menjugate™ should be dealt with on a case-by-case basis. Please consult with Epidemiology Services as needed.
- clarification of target groups for the administration of Neis Vac C and Meningitec™

(9) Meningococcal Quadrivalent Polysaccharide Vaccine (Menomune®)

- very limited indications for this product due to the introduction of Menactra™

(10) Pneumococcal Conjugate (Prevnar™)

- Table for completing a Prevnar™ series for healthy and high risk children has been updated for clarity

(11) Inactivated Polio Vaccine, IMOVAX® Polio:

- IMOVAX® Polio, vero cell origin, replaces the previous IPV product of human diploid cell origin



**(12) Tetanus-Diphtheria (Td) and Tetanus-Diphtheria-acellular Pertussis (Tdap)
Adacel™:**

- New recommendation from the 2006 Canadian Immunization Guide: Adults ≥ 18 years of age who have not been immunized, including immigrants with unknown immunization status are to receive one dose of Adacel™ followed by two doses of Td
- New footnote: Adacel™ has been approved for use in individuals ≥ 4 years of age

(13) Tuberculin Skin Test (Mantoux) Tubersol:

- Addition of “referral for medical diagnostic reason” as eligible for free testing
- Clarification of contact tracing procedure and “2-step” testing as separate processes

(14) Varicella Zoster Immune Globulin:

- VariZIG™ (Cangene Corporation) replaces VZIG as the varicella zoster immune globulin (Varlg) for prevention of varicella in high-risk patients.

(15) Varicella Vaccine pages:

- Children with a history of chickenpox disease before 12 months of age are recommended to receive varicella vaccine at ≥ 12 months of age. Since maternally acquired antibody could modify the clinical presentation of varicella in infancy, it may be difficult to ascertain that infection did occur. There is some evidence that children with wild-type varicella infection in the first year of life may not develop long-term immunity and could be predisposed to recurrent varicella infection later in life.
- Children who did not receive varicella vaccine at 12 months of age because of a history of varicella disease in infancy, can be vaccinated opportunistically when they present for immunization at a later visit.
- All child and adult candidates for solid organ transplant (liver, heart, lung, kidney) may be immunized with varicella vaccine. For those ≥ 13 years of age, the second dose of varicella vaccine must be given at least 4 – 6 weeks prior to transplantation. Solid organ transplant candidates must not be receiving immunosuppressive treatment at the time of varicella vaccination.



BC Centre for Disease Control
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(16) For consistency within Section VII, the following changes were made:

- Under CONTRAINDICATIONS - “Moderate to severe acute illness, with or without fever” has been deleted (2006 Canadian Immunization Guide, p. 75).
- Under PRECAUTIONS – previous statements regarding pregnancy have been deleted. Per the 2006 Canadian Immunization Guide (p.108) “There are no published data showing that any of the currently approved vaccines are teratogenic or embryotoxic, or have resulted in specific adverse pregnancy outcomes. Risks associated with vaccine in pregnancy are primarily theoretical risks associated with the administration of live virus vaccines.” Accordingly, only the pages outlining the use of live vaccines include the contraindication of pregnancy for administration of the particular vaccine. All inactivated vaccines are safe in pregnancy and should be administered if indicated.
- the term “ADVERSE REACTIONS” was replaced with “ADVERSE EVENTS,” in order to be consistent with recently determined national terminology (i.e. adverse events following immunization = AEFI)
- guideline for the administration of Hib, pneumococcal, meningococcal, and varicella vaccines to individuals with functional or anatomic asplenia. The guideline now states “whenever possible, vaccine should be given at least 14 days prior to elective splenectomy, or, if not possible, 14 or more days post-splenectomy. However, vaccine is indicated whenever an individual with functional or anatomic asplenia is identified” (2006 Canadian Immunization Guide, p. 119).
- individuals recommended for receipt of pneumococcal, meningococcal, and Hib vaccines due to solid organ or islet cell transplant, or cochlear implant are eligible as candidates or recipients
- terminology of “chronic kidney disease” replaces “renal disease” and “end stage renal disease”
- vaccine antigen abbreviations have been updated for consistency with national naming conventions

(17) Re-dated and re-paginated:

- due to the above changes, Section VII has been entirely re-dated and re-paginated

Please remove and destroy all of the pages from the Communicable Disease Control Manual, Chapter 2 – Immunization Program; *Section II – Immunization Schedules*:

Please insert the following replacement pages:

Table of Contents
Pages 1 - 21

Dated May 2007



Please remove and destroy all pages from the Communicable Disease Control Manual, Chapter 2 – Immunization Program; *Section VII – Biological Products.*

Please insert the following replacement pages:

Table of Contents

Pages 1 to 75

Dated May 2007

If you have any questions or concerns, please contact Karen Pielak, Nurse Epidemiologist or Cheryl McIntyre, Associate Nurse Epidemiologist by telephone: (604)660-6061, fax: (604)660-0197, or e-mail: karen.pielak@bccdc.ca; cheryl.mcintyre@bccdc.ca



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