



BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

August 14, 2007

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

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

Please note the following changes to the Communicable Disease Control Manual, Chapter 2 – Immunization Program

SECTION I: INTRODUCTION

Page 2, Section 4.0:

- Title of “Immunization Policy” is changed to “Immunization Guidelines”

Page 3, Subsection 4.2 “Community Vaccine Provider Responsibility”:

- Health authorities will supply vaccine to community vaccine providers **and** to vaccine providers in First Nations communities

Page 4, Section 6.0 “Opportunity for Immunization in Acute Care Institutions”:

- deleted the phrases “standing orders” and “delegated acts”

SECTION II: IMMUNIZATION SCHEDULES

Page 4, Schedule B: Children ≥ 1 Year But < 7 Years When Starting Immunization:

- Clarification that Hib vaccine is indicated for infants and children 2 - 59 months of age and for individuals ≥ 5 years of age with certain medical conditions that increase their risk from Hib disease
- The schedule for Hepatitis B vaccine has been revised to reflect a minimum of 1 month between the first and second dose, and four months between the first and third doses in the series.

Administrative Circular #2007:11



Page 5, Schedule C: Children 7 Years to 17 Years (Inclusive) When Starting Immunization:

- The grade 12 program for meningococcal C conjugate vaccine has been removed from the schedule.

Page 6, Schedule D:

- Correction of spelling error for “polioviruses”

Page 9, Section 8.0 “Vaccines Recommended for High Risk Clients:”

- One dose of Hib vaccine is recommended for asplenic > 5 years of age, regardless of previous Hib immunization history
- “Chronic renal disease” changed to “chronic kidney disease.”

Page 12, Section 11.0 “Worksheet for Immunization of Child HSCT Recipients:”

- Recommendation for testing for VZV antibody post-varicella vaccination. Please refer to the Canadian Immunization Guide (6th ed.), page 334 for procedure.

Pages 15 and 16, Sections 14.0 and 15.0 “Immunization of Adult Solid Organ Transplant Candidates and Recipients:”

- These are revised pages, for **adult** solid organ transplant candidates and recipients

SECTION VII: BIOLOGICAL PRODUCTS:

Pages 1 and 2, Pentacel™ and Quadracel:™

- Addition of formaldehyde to list of product components
- Rewording of final bullet for increased clarity

Page 4, Haemophilus B Conjugate Vaccine (Act-HIB®):

- To footnote ⊕, added recommendation for one dose of Hib vaccine for asplenic > 5 years of age, regardless of previous Hib immunization.

Page 7: Hepatitis A Vaccine (Vaqta®)

- Footnote ♣ revised: Vaqta® now licensed for persons ≥1 year of age (rather than. ≥ 2 years).

Pages 11, 22, 52, 56 and 59:

- Corrections to abbreviations: HBIg, Ig, RabIg and TIg



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Page 22, Hepatitis B program for Chronic Kidney Disease Clients:

- Footnote ♦: indication to use the anterolateral thigh for IM administration to infants < 12 months of age (previously recommended the anterolateral thigh for infants and toddlers to 18 months of age).

Pages 26 & 27, Immune Globulin:

- New product, GamaSTAN™ (Talecris Biotherapeutics) replaces Baygam™

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

- Grade 12 catch-up vaccine program discontinued
- Grade 6 program removed from page
- New footnote explaining why a MCC vaccine is preferred for prophylaxis of contacts of invasive meningococcal C disease
- Re-inserted footnote specifying that there must be an interval of at least 6 months since the prior administration of a meningococcal polysaccharide vaccine and the administration of Meningitec™.

Page 38, Meningococcal Conjugate C (MCC) Vaccine (Neis Vac-C):

- New footnote explaining why a MCC vaccine is preferred for prophylaxis of contacts of invasive meningococcal C disease
- Grade 6 program added to page
- Re-inserted footnote specifying that there must be an interval of at least 6 months since the prior administration of a meningococcal polysaccharide vaccine and the administration of Meningitec™.

Page 39, Menactra:™

- Re-inserted footnote specifying that there must be an interval of at least 6 months since the prior administration of a meningococcal polysaccharide vaccine and the administration of Menactra™.

Page 40, Menactra:™

- In indication (3) added “individuals with a need for re-vaccination due to high risk medical status.”

Page 41, Menomune:®

- Re-inserted footnote specifying that there must be an interval of at least 2 weeks since the prior administration of a MCC vaccine and the administration of Menomune®.

Pages 42, 45 & 46, Pneumococcal vaccines:

- Indicated for solid organ transplant candidates or recipients



Page 43, Completing A Pneumococcal Conjugate Vaccine Series:

- Additional row under 12 – 23 months grouping to indicate follow-up when 1 dose has been received in this age category and return for series completion is delayed beyond 8 weeks.

Page 47, Polio vaccine:

- Symbol ♥: added to Indication 2 for additional clarity

Pages 48 & 49, Human Rabies Immune Globulin (RabIG) (HYPERRAB™):

- New product

Pages 60 & 61, Tdap & Td/IPV :

- Vaccines indicated for HSCT clients and solid organ transplant candidates or recipients

Page 62, Tetanus Immune Globulin:

- TIg is supplied in a 250 unit single dose pre-filled disposable syringe. Added following note: “The syringe fill volume for each lot is adjusted to ensure a potency of 250 IU/syringe. The actual fill volume for HyperTet syringes typically ranges between 0.75 ml and 1.3 ml.

Page 63, Tetanus prophylaxis in wound management:

- TIg indicated for individuals with humoral immune deficiency states (“significant” removed from in front of humoral immune deficiency states).

Pages 71 and 73, Varicella vaccines :

- Sentence added to indicate that a person who experienced varicella disease prior to 12 months of age is considered susceptible.

Pages 72 and 74, Varicella vaccines:

- Recommendation to separate doses of MMR and varicella vaccine for high risk individuals is based on expert opinion from BC Children’s Hospital

Section X – Appendices

Page 2 : Temporal Criteria

- Temporal criteria table updated with new information from IMPACT



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

Section I – Introduction

Table of Contents and pages 2 & 3
Page 4

Dated November 2002
Dated August 2004

Section II – Immunization Schedules

Table of Contents and pages 4, 5, 6, 9, 12, 15 & 16

Dated May 2007

Section VII – Biological Products

Table of Contents
Pages 1, 2, 4, 7, 11, 22, 26, 27, 37 to 43, 45 to 49,
52, 56, 59, 60 to 63, 71 to 74

Dated May 2007

Section X – Appendices

Page 2

Dated March 2005

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

Section 1 – Introduction

Table of Contents and pages 2, 3 & 4

Dated August 2007

Section II – Immunization Schedules

Table of Contents and pages 4, 5, 6, 9, 12, 15 & 16

Dated August 2007

Section VII – Biological Products

Table of Contents
Pages 1, 2, 4, 7, 11, 22, 26, 27, 37 to 43, 45 to 49,
52, 56, 59, 60 to 63, 71 to 74

Dated August 2007

Dated August 2007

Section X - Appendices

Page 2

Dated August 2007



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

Sincerely,

A handwritten signature in black ink, appearing to read "David Patrick", with a large, sweeping flourish extending to the right.

Dr. David Patrick, Director
Epidemiology Services
B C Centre for Disease Control

pc: Dr Perry Kendall
Provincial Health Officer
Ministry of Health Services

Dr. Bob Fisk
Medical Consultant
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Ministry of Health Services

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