



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

September 24, 2008

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 II – Immunization Program, Section V – Anaphylaxis:

****Note: Section V is now titled “Management of Anaphylaxis in a Non-Hospital Setting”****

Page 1, Subsection 1.1 “Description:”

- Added information regarding release of allergenic mediators.
- Added more information regarding biphasic reactions and changed the recurrence time for a biphasic reaction following the initial episode of anaphylaxis to 2 to 9 hours.

Page 1, Subsection 1.2 “Presentation:”

- Added more information to the description of the presentation of anaphylaxis, including more commonly used and understood words such as hives and welts.

Page 2, Subsection 1.2 “Presentation,” “Table 1: Frequency of occurrence of signs and symptoms of anaphylaxis:”

- Under “Cutaneous,” added “or” to the sign/symptom of “generalized urticaria and/or angioedema” and added “with or” to pruritus without rash.
- Added more commonly used words to better describe signs and symptoms.

Page 2, Subsection 1.3 “Assessment:”

- Additional signs and symptoms for assessment:
 - pallor or cyanosis around perioral area
 - facial flushing
 - injection site reaction.

Administrative Circular # 2008:09

Epidemiology Services
655 West 12th Avenue
Vancouver, British Columbia
Canada V5Z 4R4

Tel 604.660.6061
Direct 604.660.5693
Fax 604.660.0197
www.bccdc.org





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

Page 3, Subsection 1.4 “Action of Epinephrine:”

- Intramuscular (IM) injection is the preferred route for the administration of epinephrine. Rationale provided.
- Epinephrine should not be injected into the *same muscle mass* as the vaccine was administered. Removed statement to administer epinephrine at least 1” away from immunization site.

Page 4, Subsection 2.1 “Fainting:”

- Added more information to the description of the presentation of fainting.
- New recommendation to ask the client about their history of fainting with previous immunizations.
- Added suggestions for ways to lower stress in those awaiting immunization to reduce the likelihood of fainting and the possibility of injuries.

Page 4, Subsection 2.2 “Anxiety/Pain reaction:”

- New subsection

Page 5, Subsection 2.3 “Anaphylaxis versus fainting and anxiety:”

- Added column to the table describing signs and symptoms of anxiety

Page 6, Subsection 2.4 “Injection site reactions:”

- New subsection directing management of situations in which only swelling and urticarial rash (hives) occur at the injection site(s) within minutes of the injection.

Page 6, Section 3.0 “SUPERVISION OF VACCINEE POST IMMUNIZATION:”

- More directive statement to advise recipients of any biological product to remain in clinic setting for 15 minutes included.
- Direction given regarding immunization of client with previous allergy to the biological product or one of its components. Subsequent immunization should be completed in an emergency room setting.
- Reference to “Vaccine Associated Adverse Events” chapter of Immunization Manual added.





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

Page 7, Section 4.0 “ADMINISTRATION OF EPINEPHRINE:”

- Additional note for increased clarity: “Administer a maximum of three doses of epinephrine.”
- Clearer recommendations regarding administration of epinephrine including:
 - IM injection into the thigh is the preferred route and site for administration of epinephrine
 - DO NOT give epinephrine in the same *muscle mass* as vaccine was administered
 - Administer epinephrine SC in arm(s) if child is <12 months of age and has received IM injections of biological products in both thighs
 - Administer epinephrine IM in the deltoid if client is \geq 12 months of age and has received IM injections of biological products in both thighs.
- Added a note regarding the use of epinephrine self-injectors.

Page 8, Section 4.0(cont’d):

- Added instructions for the management of situations in which a vaccinee or their parent/guardian refuses the administration of epinephrine.

Page 9, Section 6.0 “OTHER CONSIDERATIONS”, “Table 2: Pulse Rates at Rest”

- Added average pulse rate for adults

Page 9, Section 7.0 “CLIENT TRANSPORT:”

- Recommendation added that client should be transported by emergency vehicle.

Page 10, Section 8.0 “Record:”

- Clearer directions for reporting anaphylaxis as an adverse event, waiting for the MHO recommendation for the subsequent receipt of the implicated biological product(s) and recording the possible contraindication to the administration of the implicated biological product(s)
- More information regarding future immunization implications of allergic reaction and anaphylactic reaction
- New enhanced surveillance form for clusters of suspected anaphylaxis following vaccination to be completed when two or more cases of anaphylaxis occur in association with the same vaccine(s) within a short period of time in a health unit, or when requested to do so by BCCDC.





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

Page 11, Section 9.0 “MAINTENANCE OF EPINEPHRINE VIALS AND OTHER EMERGENCY SUPPLIES:”

- Revised list of suggested contents for epinephrine kits

Page 12, Section 10.0 “EMERGENCY TREATMENT OF ANAPHYLAXIS”

- New dosing for diphenhydramine hydrochloride 50 mg/ml IM as per the 2006 Canadian Immunization Guide:
 - those 5 – 11 years: 0.50 – 1.00 ml (previous recommendation was 1.00 ml)
 - those \geq 12 years: 1.00 ml (previously was 1 – 2 ml)
- Added clarification regarding delay of longer than 30 minutes for transfer to acute care facility as indication for use of diphenhydramine hydrochloride

Page 13, Section 11.0 – “WORKSHEET FOR TREATMENT OF ANAPHYLAXIS”

- Added a check-off list for “Details of Reaction”
- Deleted “Address” and added space for PHN.

Page 14, Section 12.0 – “REFERENCES”

- Additional references noted

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter II – Immunization Program, Section V - Anaphylaxis:

Table of Contents
Pages 1 – 11

Dated October 2006

Please insert the following replacement pages in the Communicable Disease Control Manual, Chapter II – Immunization Program, Section V - Anaphylaxis:

Table of Contents
Pages 1 – 14

Dated September 2008





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

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,

Dr. Monika Naus,
Medical Director, Immunization Program
Associate Director
Epidemiology Services
B C Centre for Disease Control

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

Dr. Eric Young
Deputy Provincial Health Officer
Ministry of Health Services

Dr. Bob Fisk
Medical Consultant
Non-Communicable Disease
Ministry of Healthy Living and Sport

Craig Thompson
Manager, CD Prevention --Immunization
Ministry of Healthy Living and Sport

Warren O'Briain
Executive Director
Communicable Disease and Addiction Prevention
Ministry of Healthy Living and Sport

