



**Date: January 8, 2013**

**ATTN:**

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

**Re: Communicable Disease Control Manual  
Chapter II, Immunization Program  
Section III, Special Populations, page 10, Varicella referral form, dated July 2012**

An updated Varicella Referral Form was sent out in June with an accompanying administrative circular, and again in July of this year without an accompanying administrative circular.

The purpose of this administrative circular is to describe the specific changes that were made to the Varicella Referral Form in July, 2012.

Only the following changes were made to the section for the physician to complete.

**FROM:**

I understand that persons 13 years of age and older require a second dose given one to three months after the first dose, and verify that this patient's condition is sufficiently stable to permit receipt of both doses, if age appropriate.

**TO:**

I understand a varicella susceptible person  $\geq 12$  months  $\leq 12$  years of age requires 2 doses given 3 months apart and a varicella susceptible person  $\geq 13$  years requires 2 doses given 6 weeks apart. I verify that this patient's condition is sufficiently stable to permit receipt of both doses, as age appropriate.

**A new footnote has been added:**

- ❶ A varicella susceptible person is:
  - an individual with a history of chickenpox disease at  $< 12$  months of age; a child 12 months to 12 years of age with no history of varicella immunization, no varicella disease at  $\geq 12$  months of age, or no herpes zoster, or
  - a person  $\geq 13$  years of age with no history of varicella immunization, no or uncertain history of varicella disease or herpes zoster, **and** has negative VZV IgG serology. Test VZV IgG as necessary, and report test result.

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The following changes were made to the section for the Public Health Nurse to complete.

**FROM:**

Varicella Vaccination(s) (2 doses if  $\geq$  13 years of age or if indicated)

**TO:**

Varicella Vaccination(s) (2 dose age appropriate schedule for a varicella susceptible person ①)

Please ensure:

**Page 10 Dated June 2012 has been removed and destroyed from the Communicable Disease Control Manual, Chapter 2 – Immunization Program, Section III.**

Please ensure:

**Page 10 Dated July 2012 has been inserted in the Communicable Disease Control Manual, Chapter 2 – Immunization Program, Section III**

**Page 10 Dated July 2012 can be found on the BCCDC website:**

<http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm>

If you have any questions or concerns, please contact Andrea Derban, Clinical Nurse Specialist, at telephone (604) 707-2542, fax (604) 707-2515 or by email at [andrea.derban@bccdc.ca](mailto:andrea.derban@bccdc.ca)

Sincerely,



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 Medical Director  
 Immunization Programs and Vaccine Preventable Diseases Service  
 BC Centre for Disease Control

pc: BC Ministry of Health Services:

Dr. Perry Kendall  
 Provincial Health Officer

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Craig Thompson  
 Director, CD Prevention – Immunization

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