



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Immunization Programs and Vaccine
Preventable Diseases Service
655 West 12th Avenue
Vancouver, BC V5Z 4R4

Tel 604.707.2548
Fax 604.707.2515
www.bccdc.ca

Date: June 28, 2017

Administrative Circular: 2017:09

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

**Re: Update to Communicable Disease Control Manual,
Chapter 2 - Immunization Program, Section III-Immunization of Special Populations &
Section VII-Biological Products**

Section III-Immunization of Special Populations

1.4.2 & 1.4.3 Referral Forms for MMR and Varicella Vaccination

- Content has been added to “Adults who are no longer immunocompromised due to malignant disease” and “Immunosuppressive therapy” indicating that the respective vaccine can be administered ≥ 6 months if treated with anti-B-cell antibodies (e.g., rituximab).

Please remove page numbers: 10 & 11 dated January 2017
Please add new page numbers: 10 & 11 dated June 2017

1.5.5 Immunosuppressive Therapy

- Removal of the reference/link to the list of immunosuppressive medications found in the Canadian Immunization Guide (CIG) as this content no longer exists in the CIG.
- Content has been revised related to the timing of inactivated vaccines prior to the initiation of treatment from “10-14 days” to “14 days” as per the CIG. As well, content has been added to delay vaccination for at least 6 months for individuals whose treatment regimen includes anti-B-cell antibodies (e.g., rituximab).

Please remove page numbers: 21 & 22 dated May 2016
Please add new page numbers: 21 & 22 dated June 2017

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1.5.8 Adults with Malignant Neoplasm (including leukemia and lymphoma)

- Subsection has been re-titled from “Malignant Neoplasm (including leukemia and lymphoma)” to “Adults with Malignant Neoplasm (including leukemia and lymphoma)”, and updated as per the Canadian Immunization Guide and in consultation with BC oncology experts.
- Referral has been added to subsection *1.5.3.1 Immunization of Pediatric Oncology Clients (under 18 years of age) Who Have Completed Treatment, Including Autologous HSCT* for pediatric oncology clients.
- Referral has been added to subsection *1.5.3 Hematopoietic stem cell transplantation (HSCT)* for recipients of an HSCT.
- Revisions to the table include:
 - Footnote B has been added which refers to *Section III, 1.5.5 Immunosuppressive Therapy* for clients currently undergoing treatment.
 - ‘Pneumococcal vaccine’ changed to ‘Pneumococcal polysaccharide vaccine’ as these recommendations are specific to adults.
 - Hib vaccine: updated to include that 1 dose is recommended regardless of immunization history if treatment includes irradiation of the spleen or splenectomy. Associated footnote C has been added which refers to *Section III, 1.5.1 Anatomic or Functional Asplenia*.
 - Influenza vaccine: content has been added regarding the use of inactivated influenza vaccine for this population.
 - Meningococcal quadrivalent conjugate vaccine has been added for those whose treatment includes irradiation of the spleen or splenectomy. Associated footnote C added.
 - MMR and Varicella: content has been revised to indicate that these vaccines are contraindicated in persons with immunosuppression due to leukemia, lymphoma, generalized malignancy or immunosuppressive therapy. Associated footnote B has been added, as well as footnote E indicating that these vaccines may be considered if there is significant risk of wild type infection and the client is not significantly immunosuppressed and/or is receiving only low doses of immunosuppressive medications.
 - Varicella: footnote D has been added, indicating the recommendations for clients with acute lymphocytic leukemia (ALL).
- Content has been added regarding the timing intervals for administration of inactivated and live vaccines relative to receipt of immunosuppressive treatment.
- Content has been added regarding the use of zoster vaccine for this population.

**Please remove page number: 28 dated November 2010
Please add new page numbers: 28 & 28a dated June 2017**

Please also remove the Table of Contents for Section III – Immunization of Special Populations dated January 2017 and replace with the enclosed updated Table of Contents dated June 2017.

Section VII-Biological Products

Diphtheria-Tetanus-Acellular Pertussis-Polio-Haemophilus Influenzae Type b Adsorbed (DTaP-IPV-Hib) (PEDIACEL® and INFANRIX®-IPV/Hib)

- INDICATIONS have been revised to include the following:
 - Completion of primary series for those under 7 years of age who do not require hepatitis B vaccine.
 - Booster dose for children under 4 years of age, including those complete for Hib.
 - Associated footnote A has been added, indicating that, “Extra doses of Hib vaccine can be safely administered to children under 7 years of age who require immunization with DTaP-IPV containing products when a quadrivalent product (DTaP-IPV) is not available.”
- DOSES AND SCHEDULE has been revised as follows:
 - “Booster dose at 18 months of age” has been revised to “Booster dose”.
 - “Completion of primary infant series that was initiated using a DTaP-IPV-Hib vaccine” has been revised to “Completion of a primary series for children under 7 years of age”.

**Please remove page number: 2a dated March 2017
Please add new page number: 2a dated June 2017**

If you have any questions or concerns, please contact Christine Halpert, Senior Practice Leader, BCCDC (telephone: 604-707-2555 / email: christine.halpert@bccdc.ca) or Stephanie Meier, Public Health Resource Nurse, BCCDC (telephone: 604-707-2577 / email: stephanie.meier@bccdc.ca).

Sincerely,



Monika Naus MD MHSc FRCPC FACPM
Medical Director
Immunization Programs and Vaccine Preventable Diseases Service
BC Centre for Disease Control

pc: BC Ministry of Health:

Dr. Perry Kendall
Provincial Health Officer

Dr. Bonnie Henry
Deputy Provincial Health Officer

Craig Thompson
Director, Immunization, Population and Public Health

Warren O'Briain
Executive Director,
Public Health Services and Aboriginal Health Branch, Population and Public Health