



# BC PEDIATRIC SOCIETY > HIGH RISK IMMUNIZATION SCHEDULE 2018

For further information and links to other references, please see our website [www.bcpeds.ca](http://www.bcpeds.ca)

Please see [www.immunizebc.ca](http://www.immunizebc.ca) for further immunization information or  
**BC Centre for Disease Control Immunization**

(Manual <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual>)

**HIGH RISK**

AGE	PROVINCIAL VACCINE	ROUTE	OTHER VACCINES & COMMENTS	
<b>2 months</b>	Rotavirus (Rotateq®) <sup>1,2,3</sup>	PO	<ul style="list-style-type: none"> <li>Give first.</li> </ul>	
	DTaP-HB-IPV-Hib (Infanrix hexa™)	IM	<ul style="list-style-type: none"> <li>Men-A/C/Y/W-CRM (Menveo®) is indicated in place of Men-C conjugate at 2, 4 and 12 months of age for children at high risk for invasive meningococcal disease due to medical conditions or close contacts of meningococcal A/C/W/Y disease. Periodic revaccination recommended if risk ongoing. Recommended but not publicly funded for travelers for whom meningococcal vaccine is indicated.<sup>1</sup></li> <li><a href="#">See Factsheet: Meningococcal Disease</a></li> <li>Two meningococcal B vaccines are now approved for use in Canada. NACI recommends the multi-component meningococcal serogroup B (4CMenB) vaccine may be considered on an individual basis, for children 2 months of age and older, and should be considered for active immunization of individuals beginning at 2 months of age at high risk. Not publicly funded.<sup>4</sup> Dose schedule available <a href="#">here</a>.</li> <li><a href="#">See Factsheet: Meningococcal B Vaccine: What Parents Need to Know</a></li> </ul>	
	Pneumococcal conjugate (Prevnar® 13)	IM		
	Men-C conjugate (NeisVac-C®) Men-A/C/Y/W-CRM (Menveo™) for high risk only <sup>1</sup>	IM		
<b>4 months</b>	2 <sup>nd</sup> Rotavirus (Rotateq®) <sup>3</sup>	PO		<ul style="list-style-type: none"> <li>Give first.</li> </ul>
	2 <sup>nd</sup> DTaP-HB-IPV-Hib (Infanrix hexa™)	IM	<ul style="list-style-type: none"> <li>Consider meningococcal B vaccine for high risk.<sup>4</sup></li> </ul>	
	2 <sup>nd</sup> Pneumococcal conjugate (Prevnar® 13)	IM		
	2 <sup>nd</sup> Men-A/C/Y/W-CRM (Menveo™) for high risk only <sup>1</sup>	IM		
<b>6 months</b>	3 <sup>rd</sup> Rotavirus (Rotateq®) <sup>3</sup>	PO		<ul style="list-style-type: none"> <li>Give first.</li> </ul>
	3 <sup>rd</sup> DTaP-HB-IPV-Hib (Infanrix hexa™)	IM	<ul style="list-style-type: none"> <li><a href="#">See Factsheet: Hepatitis A – Local Risks</a></li> <li>Consider meningococcal B vaccine for high risk.<sup>4</sup></li> </ul>	
	3 <sup>rd</sup> Pneumococcal conjugate (Prevnar® 13) for high risk <sup>1</sup>	IM		
	Hepatitis A (Aboriginal Infants and infants at high risk for severe Hepatitis A liver disease) <sup>5</sup>	IM		
	Influenza	IM		<ul style="list-style-type: none"> <li>Annual Influenza immunization for children beginning at 6 months (two doses in 1<sup>st</sup> year of vaccine receipt) is publicly funded for those aged 6 – 59 months and for those with, or close contacts of those with high risk medical conditions.</li> <li><a href="#">See Factsheet: Influenza</a></li> </ul>
<b>12 months</b>	2 <sup>nd</sup> Men-C conjugate (NeisVac-C®)	IM		<ul style="list-style-type: none"> <li>Consider Men-A/C/Y/W Menveo® 12-23 months of age.<sup>1</sup></li> <li>Consider hepatitis A vaccine (two dose series), especially if traveling.</li> <li><a href="#">See Factsheet: Travel Vaccines – Enterically Borne</a></li> <li>Consider meningococcal B vaccine for high risk.<sup>4</sup></li> <li>Annual Influenza immunization is publicly funded for children 6 – 59 months and all ages for those with, or close contacts of those with high risk medical conditions.</li> <li><a href="#">See Factsheet: Influenza</a></li> </ul>
	3 <sup>rd</sup> Men-A/C/Y/W-CRM (Menveo®) for high risk only <sup>1</sup>	IM		
	3 <sup>rd</sup> (or 4 <sup>th</sup> if high risk) Pneumococcal conjugate <sup>1</sup>	IM		
	MMR <sup>3</sup>	SC		
	Varicella (Varivax® III or Varilrix®) <sup>3</sup>	SC		



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18 months	4 <sup>th</sup> DTaP-IPV-Hib	IM	<ul style="list-style-type: none"> <li>Consider meningococcal B vaccine for high risk.<sup>4</sup></li> </ul>
	Hepatitis A (Aboriginal Infants and infants at high risk for severe Hepatitis A liver disease) <sup>5</sup>	IM	<ul style="list-style-type: none"> <li><a href="#">See Factsheet: Hepatitis A – Local Risks</a></li> </ul>
2 years	Pneumococcal polysaccharide (pneumovax 23 <sup>®</sup> ) for high risk <sup>1</sup>	IM	<ul style="list-style-type: none"> <li>Consider Men-A/C/YW for high risk: Menveo<sup>®</sup> at 2-24 months of age; Menactra<sup>®</sup> or Nimenrix<sup>®</sup> at 2 years of age and older.<sup>1</sup></li> </ul>
4-6 years	Tdap-IPV	IM	<ul style="list-style-type: none"> <li>Consider Men-A/C/YW for high risk: if vaccinated at 6 years of age and under: give 3 years after previous dose. Re-immunize every 5 years as long as medical condition exists.<sup>1</sup></li> </ul>
	MMRV <sup>3</sup> (ProQuad <sup>®</sup> , Priorix-tetra <sup>®</sup> )	SC	<ul style="list-style-type: none"> <li>Consider Influenza –two doses needed if under 9 years old and receiving for the first time. Influenza yearly publicly funded for children 6 – 59 months and older children with, or close contacts of those with high risk medical conditions.</li> <li><a href="#">See Factsheet: Influenza</a></li> </ul>
11 years (Grade 6)	Nonavalent HPV (Gardasil <sup>®</sup> 9) (2 doses)	IM	<ul style="list-style-type: none"> <li>Gardasil<sup>®</sup> 9 is publicly funded for grade 6 boys and girls, females born after 2005 and HIV+ females 9-26 yrs of age.<sup>6</sup></li> <li>HPV vaccine is publicly funded for high risk males 9-26 years, including those who have sex with men, street involved youth, boys who may be questioning their sexual identity, and youth in custody or in care of Ministry of Children and Families, females born 1994 - 2004.<sup>6</sup></li> <li>Recommended for older girls and women up to age 45 and all boys age 9 to 26 years. Not publicly funded.<sup>6</sup></li> <li>Immunocompromised males and females 9-14 years of age (inclusive) initiating Gardasil<sup>®</sup> 9 should receive a 3 dose series doses given as 0.5 mL IM at 0, 2, and 6 months.<sup>1</sup></li> <li><a href="#">See BCPS Factsheet: Human Papillomavirus (HPV)</a></li> </ul>
	Varicella (Varivax <sup>®</sup> III or Varilrix <sup>®</sup> ) if susceptible <sup>3</sup>	SC	<ul style="list-style-type: none"> <li>Children who have never had a dose receive 2 doses, the 2nd at least 3 months after dose 1.</li> <li>Children who received 1 dose at a younger age only need 1 dose.</li> <li>Children diagnosed with chicken pox after 1 year of age do not need MMRV vaccine.</li> <li>Consider Men-A/C/YW for high risk: if vaccinated at 6 years of age and under: give 3 years after previous dose. Re-immunize every 5 years as long as medical condition exists.<sup>1</sup></li> <li>Consider annual Influenza vaccine.</li> <li><a href="#">See Factsheet: Influenza</a></li> </ul>



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AGE	PROVINCIAL VACCINE	ROUTE	OTHER VACCINES & COMMENTS
<b>14 years (Grade 9)</b>	Tdap (Adacel <sup>®</sup> ) then every 10 years	IM	<ul style="list-style-type: none"> <li>Consider annual Influenza vaccine.</li> <li><a href="#">See Factsheet: Influenza</a></li> </ul>
	Men-C-ACYW	IM	<ul style="list-style-type: none"> <li><a href="#">See Factsheet: Meningococcal Disease</a></li> <li>Two Meningococcal B vaccines are now approved for use in Canada. NACI recommends the multi-component meningococcal serogroup B (4CMenB) vaccine may be considered on an individual basis, for children 2 months of age and older, and should be considered for active immunization of individuals beginning at 2 months of age at high risk. Not publicly funded.<sup>4</sup> Dose schedule available <a href="#">here</a>.</li> </ul>

**Hepatitis A, HPV, Meningococcal and Pneumococcal vaccine** recommendations for immunization of high risk including immunocompromised, immunosuppressed or children with other health conditions, travelers, aboriginal or special populations may be found at:

- 1) [BC Centre for Disease Control Immunization Program Manual Section VII Biological Products](#)
- 2) [Section III - Immunization of Special Populations](#)
- 3) [NB: Immunization Contraindications and Precautions including live virus vaccination of immunosuppressed](#)

There are no contraindications to administering inactivated vaccines to immune compromised.

**Live virus vaccines (eg: MMR, Varicella, Rotovirus) may cause serious adverse events if administered to immune compromised.**

<sup>1</sup> BC Centre for Disease Control. 2018. *Communicable Disease Control Immunization Program Section VII – Biological Products*  
[http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionVII\\_BiologicalProducts.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionVII_BiologicalProducts.pdf)

<sup>2</sup> First dose of Rotateq<sup>®</sup> vaccine to be given no later than 20 weeks less 1 day of age. Second dose to be administered by 8 months less 1 day of age. Third dose to be administered by 8 months less zero days. Minimum 4 weeks between each dose. If any dose in the series is RotaTeq<sup>®</sup> or the product is unknown, a total of 3 doses of rotavirus vaccine should be administered.  
[http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionIIA\\_ImmunizationSchedules.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionIIA_ImmunizationSchedules.pdf)

<sup>3</sup> See precautions and advice when administering live vaccines to immune compromised individuals.  
[http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionIII\\_ImmunizationofSpecialPopulations.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionIII_ImmunizationofSpecialPopulations.pdf)

<sup>4</sup> The Recommended Use of the Multicomponent Meningococcal B (4CMenB) Vaccine in Canada.  
<http://www.phac-aspc.gc.ca/naci-ccni/mening-4cmenb-exec-resum-eng.php>

<sup>5</sup> Unimmunized Aboriginal children: Two doses of Hepatitis A, given at least 6 months apart. Children previously immunized with 1 dose, provide dose 2 no sooner than 6 months after first dose.  
[http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionIIA\\_ImmunizationSchedules.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/SectionIIA_ImmunizationSchedules.pdf)  
Hepatitis A vaccine may be provided to infants ≥ 6 months of age at increased risk of infection or severe hepatitis A virus (HAV) infection (e.g., underlying liver disease of idiopathic, metabolic, infectious or cholestatic etiology) <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part2/HighRisk.pdf>

<sup>6</sup> BC Centre for Disease Control. Vaccines in BC, Human Papillomavirus (HPV) Vaccine.  
09/15/2018 [http://www.bccdc.ca/health-info/immunization-vaccines/vaccines-in-bc/human-papillomavirus-\(hpv\)-vaccine](http://www.bccdc.ca/health-info/immunization-vaccines/vaccines-in-bc/human-papillomavirus-(hpv)-vaccine)