



# BC PEDIATRIC SOCIETY > HIGH RISK IMMUNIZATION SCHEDULE 2016

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>	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>A meningococcal B vaccine is 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>3</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	
	Rotavirus (Rotarix®) <sup>2</sup>	PO	
<b>4 months</b>	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>3</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	
	2 <sup>nd</sup> Rotavirus (Rotarix®) <sup>2</sup>	PO	
<b>6 months</b>	3 <sup>rd</sup> DTaP-HB-IPV-Hib (Infanrix hexa™)	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> <li>Hepatitis A Vaccine is publicly funded for Aboriginal children only.<sup>2</sup></li> <li><a href="#">See Factsheet: Hepatitis A – Local Risks</a></li> <li>Consider meningococcal B vaccine for high risk.<sup>3</sup></li> </ul>
	3 <sup>rd</sup> Pneumococcal conjugate (Prevnar® 13) for high risk <sup>1</sup>	IM	
	Hepatitis A (Aboriginal Infants only) <sup>4</sup>	IM	
<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>3</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>5</sup>	SC	
	Varicella (Varivax® III or Varilrix®) <sup>5</sup>	SC	



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AGE	PROVINCIAL VACCINE	ROUTE	OTHER VACCINES & COMMENTS
<b>18 months</b>	4 <sup>th</sup> DTaP-IPV-Hib	IM	<ul style="list-style-type: none"> <li>Consider meningococcal B vaccine for high risk.<sup>3</sup></li> </ul>
	Hepatitis A (Aboriginal Infants only) <sup>4</sup>	IM	<ul style="list-style-type: none"> <li>Consider Men-A/C/YW for high risk: Menveo<sup>®</sup> or Menactra<sup>®</sup>: 2 years of age and older.<sup>1</sup></li> </ul>
<b>2 years</b>	Pneumococcal polysaccharide (pneumovax 23 <sup>®</sup> ) for high risk <sup>1</sup>	IM	<ul style="list-style-type: none"> <li><a href="#">See Factsheet: Hepatitis A – Local Risks</a></li> <li>If travelling, consider Dukoral<sup>®</sup> for Traveller’s Diarrhea, hepatitis A and typhoid fever vaccination. Also consider contacting a travel clinic for further information.</li> <li><a href="#">See Factsheet: Travel Vaccines – Enterically Borne</a></li> </ul>
<b>4-6 years</b>	DTaP-IPV	IM	<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>
	MMRV5 (ProQuad <sup>®</sup> , Priorix-tetra <sup>®</sup> )	SC	
<b>11 years (Grade 6)</b>	Hepatitis B (Recombivax HB <sup>®</sup> ) (2 dose series if not previously immunized)	IM	<ul style="list-style-type: none"> <li>Consider annual Influenza vaccine.</li> <li><a href="#">See Factsheet: Influenza</a></li> </ul>
	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 girls, females born after 2005 and HIV+ females 9-26 yrs of age.<sup>6</sup></li> <li>Quadrivalent HPV (Gardasil<sup>®</sup>) 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, foster care, 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 and males and females initiating Gardasil<sup>®</sup> or Gardasil<sup>®</sup> 9 at age 15 years or older should receive a 3 dose series.<sup>6</sup></li> <li><a href="#">See BCPS Factsheet: Human Papillomavirus (HPV) - Males</a></li> </ul>
	Varicella (Varivax <sup>®</sup> III or Varilrix <sup>®</sup> ) if susceptible	SC	<ul style="list-style-type: none"> <li>Consider Men-A/C/YW for high risk and travelers for whom meningococcal vaccine is indicated. Menveo<sup>®</sup> or Menactra<sup>®</sup>: 2 years of age and older.<sup>1</sup></li> </ul>
<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-135	IM	<ul style="list-style-type: none"> <li><a href="#">See Factsheet: Meningococcal Disease</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](#)

<sup>1</sup> BC Centre for Disease Control. August 2016. *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 Rotarix® 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.

[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> 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>4</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)

<sup>5</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>6</sup> Those who are immunocompetent and initiating HPV immunization prior to their 15<sup>th</sup> birthday give 2 doses, at least 6 months apart. Older individuals, and those known to have immune system defects should receive a 3 dose schedule at 0, 2 and 6 months. A complete series of Gardasil®9 is recommended to ensure protection against the five additional HPV types in the vaccine.

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