Services de santé du TIMISKAMING Health Unit

Issue 3

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PUBLIC HEALTH MATTERS

A Newsletter for Healthcare Professionals

Message from the Medical Officer of Health/Chief Executive Officer

Hello,

I am happy to provide you with our Spring 2013 edition of Timiskaming Health Unit's newsletter for healthcare providers. We hope that you find the enclosed information useful. We are in the process of updating our website and are planning to develop a section specifically for the use of providers. Don't worry, you will not need a password to access. It will be a repository for past editions of newsletters, various decision tools and provide forms and links to other references. If there are specific items you want us to include, please be sure to let us know. As well, updates to the website will soon allow parents or providers to submit online reporting of vaccines administered.

Dr. Marlene Spruyt
Medical Officer of Health (Acting)
& Chief Executive Officer

ONLINE CHILDBIRTH EDUCATION PROGRAM

As of May 2013, the Timiskaming Health Unit will be offering free prenatal classes online for participants unable to attend in-class sessions. Please refer your clients to the New Liskeard THU office (1-866-747-4305) to obtain an access code. The course has 7 modules with no time limit for completion.

LIVE VIRUS VACCINE REMINDER

All commonly used vaccines can safely and effectively be given simultaneously (on the same day) at separate sites without impairing antibody responses or increasing rates of adverse reactions. Do not mix vaccines in the same syringe. If not administered on the same day, an inactivated vaccine may be given at any time before or after a different inactivated vaccine or a live-virus vaccine.

However, the immune response to an injected or intranasal live-virus vaccine (such as measles, mumps and rubella [MMR], varicella, yellow fever, or live attenuated influenza vaccine) might be impaired if administered within 28 days of another live-virus vaccine. Whenever possible, injected live-virus vaccines administered on different days should be given ≥28 days apart (≥30 days for yellow fever vaccine). This does not apply to live oral virus such as Rotarix.

Also, live-virus vaccines can interfere with the response to tuberculin testing. Tuberculin testing, if otherwise indicated, can be done either on the day that live-virus vaccines are administered or 4–6 weeks later.

News

Reporting Adverse Events Following Immunization

The MOHLTC has updated its documentation regarding the reporting of adverse events following immunization. The case definition has been clarified:

> *"Any reported event…in a vaccine recipient which follows immunization which cannot be clearly attributed to other causes. A causal relationship with the administration of the vaccine does not need to be proven".*

The guidance document has a detailed listing of many EXPECTED reactions to vaccines and outlines when these are considered unexpected and suggest when they recommend reporting. For example, swelling around the injection site is a common problem and is an expected side effect after any vaccine. However, if the swelling is more pronounced and extends beyond the adjacent joint line or lasts greater than 4 days this represents a more unusual reaction. The guidelines further state:

> *"Of particular interest are those AEFIs which are of a serious nature, require urgent medical attention or are unusual or unexpected events".*

If in doubt, file a report (a copy of the ER record or your clinical office notes is sufficient if it contains the necessary information), send it to the Health Unit and a Public Health Nurse will contact you for more details.

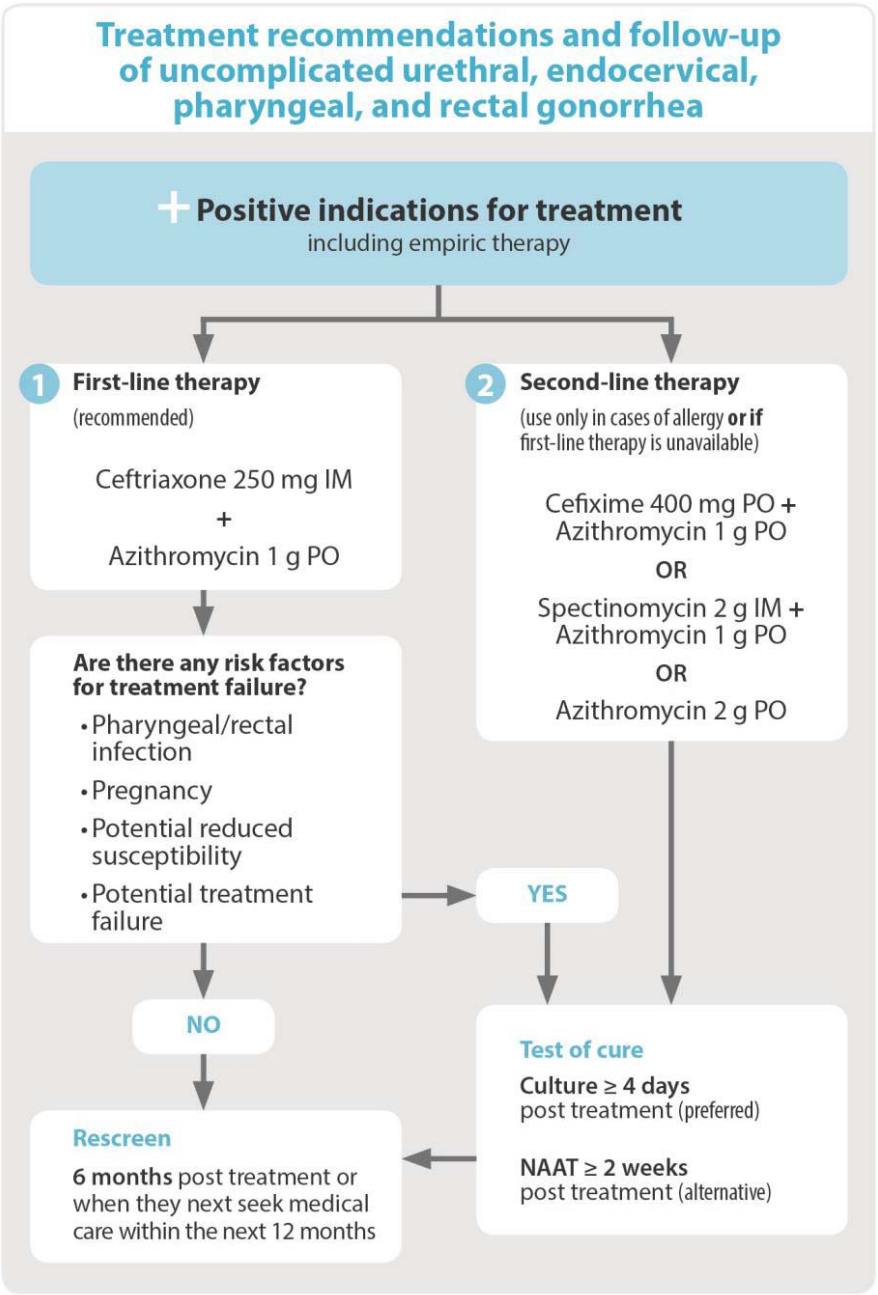
A link to the official reporting form which can be completed online is http://www.oahpp.ca/resources/documents/2013Jan17_ON%20AEFI%20Form_final%20draft.pdf. More information and case examples can be found at http://www.oahpp.ca/resources/index.html.

Treatment for Gonorrhea Guidelines

In April 2013, Ontario came out with new guidelines regarding Treatment of Gonorrhea. In recent reviews of gonorrhea, oral cefixime is no longer considered the first line therapy for its treatment due to its decreased susceptibility. Over nine clinical failures of gonorrhea, associated with the use of cefixime have been identified in Ontario. Therefore, oral cefixime, is no longer considered first line therapy for the treatment of gonorrhea even when combined with azithromicin or doxycycline.

Please refer any of your patients in financial need to our Sexual Health nurses who can provide treatment free of charge.

Please refer to this treatment algorithm:



Update on Pneumococcal Vaccine

Pneumococcal Vaccine Update

Invasive pneumococcal disease (IPD) is most common in the very young, the elderly and persons with the following conditions that put them at high risk:

- Chronic cerebral spinal fluid (CSF) leak
- Chronic neurologic condition that may impair clearance of oral secretions
- Cochlear implants (including those children who are to receive implants)
- Chronic cardiac or pulmonary disease
- Diabetes mellitus
- Asplenia (functional or anatomic)
- Sickle cell disease or other hemoglobinopathies
- Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions
- Hematopoietic stem cell transplant (recipient)
- HIV infection
- Immunosuppressive therapy including use of long term corticosteroids, chemotherapy, radiation therapy, post-organ transplant therapy, and certain anti-rheumatic drugs
- Chronic kidney disease, including nephrotic syndrome
- Chronic liver disease (including hepatic cirrhosis due to any cause)
- Malignant neoplasms including leukemia and lymphoma
- Solid organ or islet transplant (candidate or recipient)

The National Advisory Committee on Immunization (NACI) has recently (April 3, 2013) revised recommendations regarding the use of pneumococcal vaccines. Current evidence supports the use of the conjugate vaccine in immunocompromised adults (≥ 18 years), as they are at a higher risk of invasive pneumococcal disease (IPD.) There is higher efficacy/effectiveness and/or immunogenicity of conjugated pneumococcal vaccine in certain immunocompromised groups.

The recommended dose for the pneumococcal conjugate vaccine (PNEU-C-13), is 0.5mL administered IM for adults (≥ 18 years), as follows:

- Adults with HSCT: 3 doses of PNEU-C-13 starting 3-9 months after transplant. These doses should be administered at least 4 weeks apart, followed by a booster dose of polysaccharide vaccine (PNEU-P-23), 12 to 18 months post transplant (6 to 12 months after the last dose of PNEU -C-13)
- Adults with HIV: 1 dose of PNEU-C-13 followed 8 weeks later by one dose of PNEU-P-23. There is currently no evidence that a PNEU-C-13 booster dose adds any benefit. The PNEU-C-13 dose should be administered at least one year after any previous dose of PNEU-P-23.
- Adults with immunosuppressive conditions: 1 dose of PNEU-C-13 followed 8 weeks later by one dose of PNEU-P-23. There is currently no evidence that a PNEU-C-13 booster dose adds any benefit. The PNEU-C-13 dose should be administered at least one year after any previous dose of PNEU-P-23.

Summary of Revised Pneumococcal Vaccine Recommendations for Those at High Risk of IPD:

- Conjugate vaccine to 17 years and under who have not received a dose
- Conjugate vaccine to Adults (≥ 18 years) with hematopoietic stem cell transplants (HSCT), HIV or immunosuppressive conditions, followed by polysaccharide 8 weeks later
- Polysaccharide vaccine to those ≥ 2 years of age (if giving both, give conjugate first and polysaccharide 8 weeks later).

NACI concludes that there is currently insufficient evidence to recommend the use of PNEU-C-13 in patients with chronic conditions without immunosuppression or in healthy adults aged 65 years and over.

At this time, the conjugate vaccine is not publicly funded in Ontario for adults.

The Publicly Funded Immunization Schedules for Ontario – August 2011, indicates that pneumococcal vaccines are funded as follows:

Conjugate vaccine (Prevnar 13):
Publicly funded for:

- Children < 5 yrs of age

Polysaccharide vaccine (Pneumovax 23):
Publicly funded for:

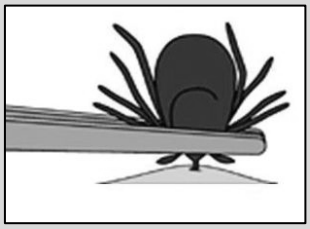
- All persons ≥ 65 yrs
- All residents of nursing homes, homes for the aged and chronic care facilities/wards
- Those ≥ 2 yrs with the medical conditions listed above and in the Publicly Funded Immunization Schedules for Ontario – August 2011; high-risk eligibility criteria.

Outdoor Encounters

Lyme Disease

While Lyme disease is currently concentrated in the areas around Lake Ontario, Lake Erie, and the St. Lawrence river, ticks move north on migratory birds so it is possible to find infected ticks within our region. In addition, your patients may have a tick attach itself while on vacation and only notice it after they have returned home.

Lyme disease is caused by the bacteria Borrelia burgdorferi and is transmitted by Ixodes scapularis, also called the blacklegged tick or deer tick, ONLY after it has been attached for a period of 24 hours. If this tick is observed to be engorged, then your patient may have been exposed to Lyme disease. While there is a risk, not all deer ticks carry this bacteria.



The Public Health Agency of Canada advises that ticks are most effectively removed with a fine pair of tweezers/forceps. Grasp the tick as close to skin as possible. The forceps should be held at a right angle to the main axis of the tick's body. Gently pull the tick away from the skin. Avoid twisting or turning the tick during removal as this can cause the tick's mouthparts to break off. When appropriate, disinfect the feeding site after the tick is removed. Once removed, immediately transfer the tick to a collection vial. To assist in identification, do not burn or cover the tick in nail polish prior to removal.

Timiskaming Health Unit sends ticks removed from humans to the Public Health Lab for identification. If the tick is determined to be Ixodes scapularis, it is further tested to determine if it is carrying Borrelia burgdorferi. While the client will be contacted if the tick is determined to be positive, this second test is for surveillance purposes only and should not be part of your diagnosis. This is due to the prolonged turnaround time, and the likelihood that the patient was exposed to more than one tick.

Ticks can be dropped off during regular business hours at any of our offices. Public Health inspectors will contact submitters for follow up information to complete the paperwork and help determine where the tick was acquired. In the event that a tick is removed on the weekend, they can safely be refrigerated for several days.

For more information on Lyme Disease in Ontario, please visit http://www.health.gov.on.ca/en/public/publications/disease/lyme.aspx

Rabies Reminder

The Communicable Disease Regulations state that “a physician who has information concerning any animal bite or other animal contact that may result in rabies in persons shall, as soon as possible, notify the Medical Officer of Health to provide the information”. Please remember that we have Public Health Inspectors on-call and ready to initiate the animal investigation and provide guidance regarding post exposure prophylaxis. After hours, please contact through our emergency line as the fax machine is not monitored. We are attaching a copy of the rabies algorithm for posting in a convenient location.

Please also note that the vaccine dose administration schedule has changed. For immunocompetent individuals, only 4 doses of the HDCV or PCECV are required (day 0, day 3, day 7 and day 14). The Health Unit does not usually initiate PEP (Rablg and day 0 HDCV or PCECV), but can make arrangements to follow up with the individual and provide remaining doses. Physicians are requested to send the paperwork to their local Health Unit office if a patient will be receiving the follow-up doses at the Health Unit.

Thank you for your continued cooperation!

Timiskaming Health Unit

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Services de santé du TIMISKAMING Health Unit

POTENTIAL RABIES EXPOSURE
Decision Making Tree