

Public Health Matters

A Newsletter for Health Care Professionals

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From:

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Infectious Diseases

New: Hepatitis C - 2018 Testing and Management Guideline Update

The [CMAJ](#) recently published the Canadian Association for the Study of the Liver's (CASL) recommendation that all individuals born between 1945 and 1975 **be tested for Hepatitis C**:

- Chronic hepatitis C virus (HCV) is a highly burdensome public health problem in Canada, causing more years of life lost than any other infectious disease in the country. A recent modelling study suggested that about 252,000 Canadians (uncertainty interval: 178,000–315,000 Canadians) were chronically infected in 2013. The birth cohort of 1945–1975 has the highest prevalence of chronic HCV infection, yet it is estimated that up to 70% of this group have not been tested for HCV.
- Most baby boomers are believed to have become infected in the 1960s through the 1980s when transmission of hepatitis C was the highest.
- There has been efforts made in Ontario recently to ensure funding treatment for all patients with Hepatitis C rather than only those with the later stages of liver disease. However, there are no comprehensive screening and treatment programs in place at this time. Canada has committed to eliminating viral hepatitis as a public health threat by 2030.
- Health care providers should note that there are financial conflicts of interest in the new CASL recommendations.
- Testing should be offered to those who are at [increased risk \(Canadian Task Force on Preventive Health Care\)](#). However, increasing Hepatitis C testing has been an identified priority for THU as informed by local statistics. Timiskaming's Hepatitis C rate is similar to that of Ontario's; however, as many of the social determinants of health such as income, education level, and access to health care are impacted negatively in this area, Hepatitis C may be prevalent in the untested population. Newly diagnosed cases of Hepatitis C in Timiskaming are highest in those 50-59 years of age. THU supports these recommendations and will

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be launching a testing awareness campaign this summer. THU offers comprehensive Hepatitis C testing, follow-up, and counselling.

Reminders - Diseases of Public Health Significance (Reportable to Public Health)

- The list of *Diseases of Public Health Significance* was amended May 1st, 2018.
- Collect samples for any suspect reportable diseases and report suspect and/or confirmed cases to public health.
- Reminder: Invasive Group A Strep is reportable.

Resources and Forms for Diseases of Public Health Significance (Reportable to Public Health)

[List of Diseases of Public Health Significance](#)

[Reportable Disease Notification Form - THU](#)

[Test Directory \(Public Health Ontario Lab Services\)](#)

Review: Tuberculosis Diagnosis

According to the [Canadian Tuberculosis Standards 7th ed. 2014](#)

Active Tuberculosis Diagnosis Recommendations (Ch. 3)	Latent Tuberculosis Infection (LTBI) Diagnosis Recommendations (Ch. 4)
<ul style="list-style-type: none"> • Every Effort should be made to obtain microbiological diagnosis via acid fast bacilli on smear microscopy and culture of mycobacterium TB 	<ul style="list-style-type: none"> • Tuberculin Skin Test (TST) is recommended for those under age 65 when repeat testing will be required
<ul style="list-style-type: none"> • Chest radiography 	<ul style="list-style-type: none"> • IGRA is recommended for those who received BCG vaccine after 1 year of age or have received multiple BCG vaccines
<ul style="list-style-type: none"> • 3 sputum specimens (spontaneous or induced) can be collected the same day, 1 hr apart 	<ul style="list-style-type: none"> • Chest x-ray if TST or IGRA is positive or individual is over the age of 65
<ul style="list-style-type: none"> • TST or interferon Gamma Release Assay (IGRA) is NOT recommended in adult populations* 	<ul style="list-style-type: none"> • Routine dual testing with both TST and IGRA is NOT recommended
<ul style="list-style-type: none"> • Serologic, antibody TB tests is NOT recommended 	<ul style="list-style-type: none"> • TST or IGRA should NOT be used to monitor anti-TB treatment response

*In children (under 18 years of age) with suspect TB disease, IGRAs may be used as a supplementary diagnostic in combination with TST so support TB diagnosis. However, this should not substitute or obviate the need for specimen collection. **A negative TST or IGRA does not rule out active TB at any age and especially not in young children as both tests have suboptimal sensitivity in active TB disease.**

Tuberculosis booklet on the standards: [Tuberculosis: Information for Health care providers \(5th ed.\) 2015](#)

Vaccines and Immunization

New: Tdap and Pregnancy NACI Statement

The Canadian National Advisory Committee on Immunization (NACI) now recommends vaccinating with Tdap in every pregnancy, between 27 and 32 weeks of gestation. View the [full NACI statement](#) or a [summary](#) by the Public Health Agency of Canada.

Due to high susceptibility to infection, infants who have not initiated vaccination or completed the primary series of pertussis immunization are at highest risk for pertussis complications, including hospitalization and death. Immunization in pregnancy is safe and provides protection to infants until they are able to receive the pertussis vaccine at two months of age.

Given the rapid waning of maternal antibody observed in studies, vaccination should be offered in **each** pregnancy irrespective of immunization history or the interval between pregnancies. Immunization should **ideally be offered at 27-32 weeks** of gestation, which is supported by the strongest safety and effectiveness data.

Immunization between 13 and 26 weeks of gestation may also be considered in some situations (e.g. pregnancies with an increased risk of preterm delivery) to allow for longer placental exposure to higher antibody levels and maximization of antibody transfer.

While it is preferable that immunization is administered in sufficient time before birth (i.e. 4 weeks) to allow optimal transfer of antibodies and direct protection of the infant against pertussis, it should be considered until the end of pregnancy, as it has the potential to provide partial protection. If Tdap immunization was provided early in pregnancy (e.g. prior to recognition of pregnancy), it is not necessary to re-immunize after 13 weeks of gestation.

One dose of Tdap is publicly funded in Ontario for those ≥ 18 years of age.

New: NACI Statement on Herpes Zoster Vaccine and Shingrix®

Advance recommendations from NACI (National Advisory Committee on Immunizations) state that Shingrix® (Recombinant Zoster Vaccine) should be offered to anyone over the age of 50 without contraindications, regardless of previous immunization with Zostavax® (Live Zoster Vaccine). Vaccine-naïve individuals can receive Shingrix® in two doses, received 6 months apart.

NACI states that re-immunization with Shingrix® in those who have received Zostavax® can occur as two separate doses one year after immunization with Zostavax®. The two-dose series can be completed with a six month interval.

NACI strongly recommends immunizing individuals over the age of 50 with a previous case of Herpes Zoster with Shingrix®. This 2-dose series should be received one year after the episode.

One dose of Zostavax® is publically funded for those 65-70 years of age.

Update: Rotavirus Vaccine

A product change at Government Pharmacy will occur mid to late summer. The publicly funded program is switching to RotaTeq® vaccine (GSK), a pentavalent oral vaccine. Three doses (2ml each) are given at 2, 4 and 6 months of age.

Update: Paused Implementation of Immunization Reporting Changes

As you may know, changes to the Immunization of School Pupils Act that required physicians and nurse practitioners to report childhood vaccinations administered to their patients to local public health units were set to come into effect on July 1st 2018. While these changes aim to improve completeness and accuracy of immunization records and decrease school suspensions, there were some concerns about the implementation of these new regulations.

On June 20, 2018 the Ontario Premier-designate wrote to the President of the Ontario Medical Association indicating his intention to take the necessary steps to pause the implementation of reporting changes for immunization. As a result, there will be no change in reporting requirements at this time. If you are currently reporting your vaccines, thank you from THU.

Update: Travel Health - Hepatitis B and Yellow Fever Vaccine Shortage

There has been a shortage of Hepatitis B and Yellow Fever vaccine. THU does not administer Yellow Fever but other jurisdictions such as Sudbury and Toronto are experiencing challenges in acquiring vaccines for travellers. THU is now accepting clients on a waiting list for Hepatitis B. The shortage does not affect publically-funded Hepatitis B at this point in time.



Reminder: Routine Adult Tdap Immunization Program

In 2011, the adolescent Tdap immunization program was expanded to include a single life-time dose of Tdap vaccine for adults 19 to 65 years of age who did not receive a Tdap dose in adolescence. Effective December 2014, eligibility expanded to include all adults 19 years of age and older, including those 65 years of age and older, to receive a single publicly funded dose of the vaccine, irrespective of receiving a prior dose of Tdap in adolescence. Therefore, when routinely updating tetanus and diphtheria vaccines (**the exception being in wound management**), Td would not be required until 2021 at the earliest.

Other Vaccine and Immunization Resource Updates & Reminders

- ❖ **Immunization Connect Ontario (ICON)** allows individuals to access their immunization record on file at the public health agencies. Parents can see which immunizations their child needs or will need in the future. This tool also supports secure online reporting of immunizations – important for those attending school or childcare. To access : www.timiskaminghu.com/281/immunization
- ❖ Per the **Immunization of School Pupils Act**, parents filing a non-medical exemption for vaccinations must complete an in-person vaccine information session delivered by public health.
- ❖ **Resource:** [Canadian Immunization Guide](#)
- ❖ **Resource:** [Publically Funded Immunization Schedule for Ontario](#)

Community Program/Support Updates

Local Naloxone Access and Distribution

THU is actively recruiting eligible agencies to enable them to act as distribution points for naloxone kits. THU is currently supporting Temiskaming Hospital in developing a distribution program and several local fire departments have been outfitted with Naloxone.

If you are concerned about a patient's opioid use, please recommend that they obtain a naloxone kit.

New: Community sharps disposal units have been installed at THU's New Liskeard and Kirkland Lake offices.

New: Safe Snorting Kits are available from THU. Kits include straws, an alcohol swab, a plastic card, and a condom.

Adult Lifestyle Balance Program Being Offered Again This Fall

[Ontario's Primary Care Diabetes Prevention Program](#) is an evidence-based behavior change program offered in Timiskaming through community partnerships for a second time starting in the fall of 2018 under the name **Fresh Start**. Over 6 months, weekly hour-long sessions are delivered by local healthcare professionals in a group setting. It focuses on promoting a healthier lifestyle with 3 major components: healthy eating, physical activity and stress management. The program aims to increase physical activity, healthy eating, quality of life indicators and knowledge and motivation to make healthy lifestyle changes.

Timiskaming's 2017-2018 Fresh Start evaluation results and backgrounder can be found [here](#). Currently the program is only delivered in English, however French curriculum is available.

To refer a client or learn more: halls@timiskaminghu.com

Other Resources and Information

Tools to Encourage Outdoor Play - Outdoor play includes the concepts of unstructured, child-led play and nature play. Children who spend time outdoors are more active and outdoor active play benefits physical and mental health, helps to develop social skills and build resiliency, and is affordable. Yet the amount of time children spend outdoors and time spent participating in unstructured play is decreasing. Parental support is a strong influencer on a child's level of outdoor play and is often influenced by perceived risks regarding injury and safety. Most injuries from physical activity are minor and the benefits of the activity outweigh the risks of minor injuries.

The [24-Hour Movement Guidelines](#), the recently rebranded NDDS Screening Tool [LookSee Checklist](#) and CPHA's [Perceptions vs. Facts](#) may all help you in supporting outdoor play in your practice. [outsideplay.ca](#) is a website to support parents in exploring the topic further.

Child Development in Preschool Patients – Vision and The Eye See.. Eye Learn® Program

The Eye See... Eye Learn® (ESEL) program is designed to detect, diagnose and treat children with vision problems when they begin junior kindergarten, so that every child can see and learn to the best of his/her ability. Junior Kindergarten (JK) students receive an OHIP-insured eye exam by participating optometrists and if prescribed, one complimentary pair of glasses. For children **born in 2014** starting school in September their ESEL program begins on July 1, 2018 through to June 30, 2019. More information www.eyeseeeyelearn.ca

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