MEDICAL HEALTH OFFICERS **UPDATE** FOR PHYSICIANS

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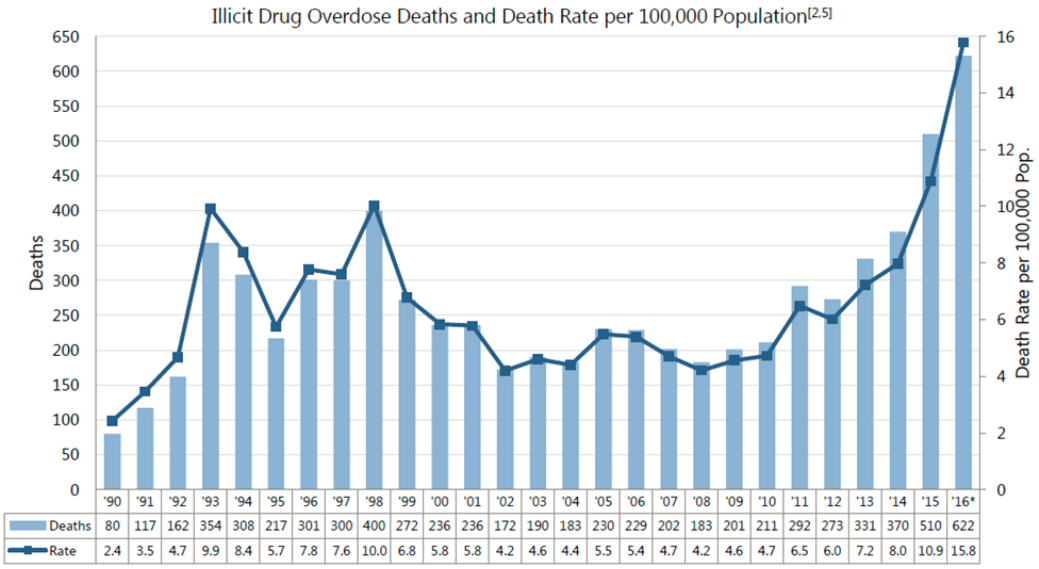
Update on Overdose Public Health Emergency in BC

Escalating trends of overdoses (ODs) and OD deaths continue to occur across BC (Figure 1). From January 1 to October 31, 2016, a total of 622 illicit drug OD deaths were reported across the province by the BC Coroners Service. Fentanyl has been detected in approximately 60% of deaths and most of these deaths involved multiple substances. The most frequently detected substances (with fentanyl) were cocaine (46% of deaths), alcohol (36%), methamphetamine (34%), and heroin (30%).

Figure 1: Illicit Drug Overdose Deaths in BC, 1990-2016



	'90	'91	'92	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16*
Deaths	80	117	162	354	308	217	301	300	400	272	236	236	172	190	183	230	229	202	183	201	211	292	273	331	370	510	622
Rate	2.4	3.5	4.7	9.9	8.4	5.7	7.8	7.6	10.0	6.8	5.8	5.8	4.2	4.6	4.4	5.5	5.4	4.7	4.2	4.6	4.7	6.5	6.0	7.2	8.0	10.9	15.8

*To October 31, 2016
Image source: BC Coroners Service. Illicit Drug Overdose Deaths in BC, January 1, 2007 – October 31, 2016.

Overdose Situation in the Interior Health Authority

Across the Interior Health Authority, 108 deaths occurred from January 1 to October 31, 2016. Last year, 50 deaths were reported for IH during the same period.

From June 1 to November 28, 2016, a total of 315 suspected opioid overdose (OD) presentations were reported by emergency departments in IH. Sites reporting the largest numbers of ODs include Royal Inland Hospital (n=83; 26%), Vernon Jubilee Hospital (n=71; 23%), Kelowna General Hospital (n=64; 20%), Penticton Regional Hospital (37; 12%), and Kootenay Lake Hospital (n=28; 9%). A map and summary of emergency department surveillance data are available on the IH Overdose Public Health Emergency website (link below).

In response to this crisis, IH is focusing on six specific interventions with strong evidence of short-term efficacy and effectiveness in the prevention of OD deaths. These include:

1. Surveillance of OD presentations to emergency departments and community agencies
2. Rapid expansion of the Take Home Naloxone program and availability of other harm reduction supplies to persons at risk of OD
3. Exploration of Supervised Consumption Services in our highest risk communities
4. Scale-up of access to substance use services for persons at highest risk of OD
5. Culturally sensitive activities for Aboriginal persons and communities impacted by ODs
6. Population-based prevention and health promotion through communications, media, and stakeholder engagement

Tips to prevent an overdose

If your patients report using street drugs, occasionally or regularly, these tips can help to reduce or prevent an OD:

- Don't mix different drugs (including pharmaceutical medications, street drugs, and alcohol)
- Don't take drugs when you are alone
- Don't experiment with higher doses, and take a small sample of a drug before taking your usual dosage.
- Keep an eye out for your friends – stay together and look out for each other.
- Carry a Naloxone kit. A list of locations to get a kit can be found on the IH website.
- Recognize the signs of an OD. Headache, nausea, confusion, vomiting, shakes, fainting are serious. Get medical help ASAP.
- If someone thinks they may be having an OD or witnessing an OD, call 9-1-1 immediately, do not delay.

For more information on IH's response or to locate a THN site in your community, please visit:
IH Overdose Public Health Emergency
(www.interiorhealth.ca/AboutUs/Leadership/MHO/Pages/PHEmergency.aspx)

Additional Suggested Resources:

BC Drug Overdose and Alert Partnership
(www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/bc-drug-overdose-alert-partnership-doap)

BC Coroners Reports
(www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports)

Overdose Awareness in BC (www2.gov.bc.ca/gov/content/overdose)

Know Your Source (knowyoursource.ca)

Toward the Heart (towardtheheart.com)

Reminder Rotavirus Vaccine

The BC Centre for Disease Control, states that the first dose of Rotavirus vaccine is to be given at 20 weeks less a day. Infants older than 20 weeks less a day are not eligible for a first dose of this vaccine. There should be an interval of at least 4 weeks between doses and both doses of the series should be completed by 8 months of age less a day.

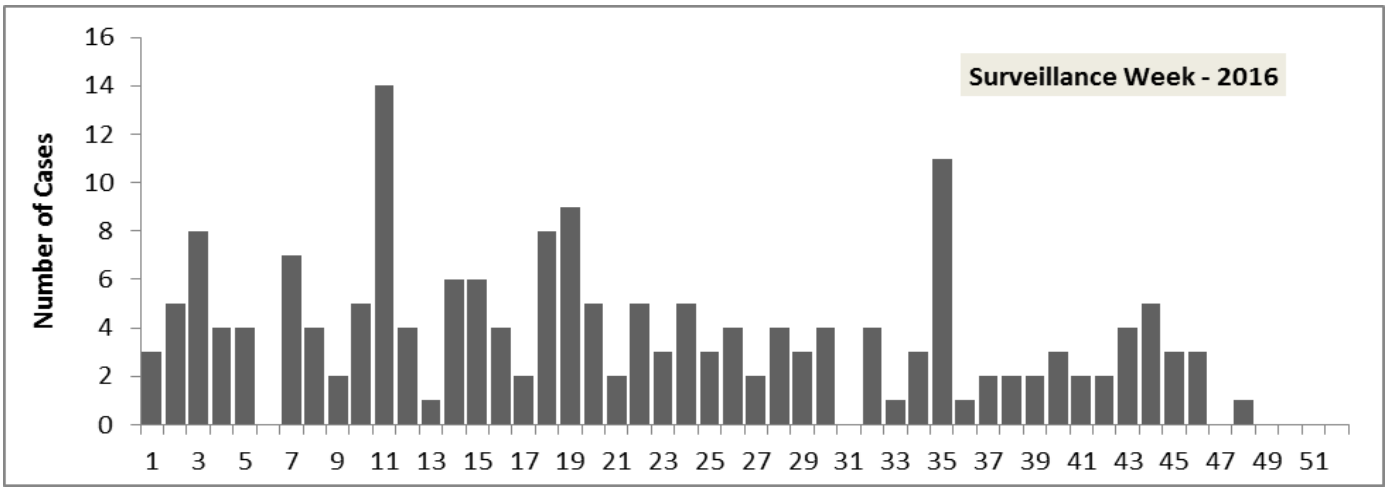
The 20 week cut off for the first dose is based on the GSK product monograph, which does not specify a maximum age for receipt of first dose. BCCDC calculated back using the maximum age at receipt of the second dose specified as 24 weeks and the minimum interval between doses of 4 weeks. This resulted in a maximum age at receipt of first dose of 'by 20 weeks of age less a day'. The NACI recommendation for first dose has a lower cut off age of 15 weeks: "Vaccination should not be initiated in infants aged 15 weeks and 0 days or older as the safety of providing the first dose of rotavirus vaccine in older infants is not known". BC's immunization program provides some flexibility in allowing administration of the vaccine up 20 weeks less a day. However, eligibility does not extend beyond this age.

Please communicate this information to parents/hospital staff at nurseries so that as many infants can benefit from the introduction of this vaccine as early in the rotavirus season as possible. The peak months of rotavirus activity in BC are generally January through April.

Pertussis Activity Continues in IH

Since January 1, 2016 (to November 30, 2016), a total of 185 confirmed pertussis cases have been reported among residents of the IH region. After a sustained period of heightened pertussis activity from late 2015 into 2016, the number of reported cases has recently tapered off (Figure 2). Cases have concentrated among children and adolescents with the average age being 20 and the median age being 11 years. To date, eight cases have been reported among infants less than one year of age with varying immunization status. While all age groups are affected, the highest age-specific incidence rates have been in the less than one year (66 per 100,000), 2 to 4 year (84 per 100,000), 5 to 9 year (112 per 100,000) and 10 to 14 year (132 per 100,000) age groups.

Figure 2: Confirmed pertussis cases by week in 2016 in Interior Health region. Data source: Panorama via CD Data Mart



Clinically, pertussis is infectious in the 1 to 2 weeks prior to the onset of the paroxysmal period, during the catarrhal stage. The infectiousness lasts at least 3 weeks after the paroxysmal cough. Early detection and appropriate antibiotics can end the infectious period after 5 days.

There is an ongoing need for physicians to remain vigilant against possible cases of pertussis. Disease presentation in people with partial immunity may range from mild, atypical respiratory illness to full whooping syndrome. Undiagnosed cases continue contribute to the ongoing circulation of pertussis in communities as many cases report visiting a doctor multiple times before pertussis is diagnosed, late into their infectious period.

Actions requested of all clinicians regarding management of pertussis cases:

1. ALWAYS be alert for cases of pertussis. Consider pertussis in any patient with paroxysmal or prolonged cough.
2. TEST patients with suspected pertussis using a nasopharyngeal swab for pertussis culture and PCR.
3. REPORT suspect, probable, and confirmed cases to the CD Unit @ 1-866-778-7736.
4. Offer CHEMOPROPHYLAXIS to high-risk contacts.
5. Encourage your patients to update their IMMUNIZATIONS.

Please refer to the MHO Alert for Physicians from August 6, 2015 for detailed guidance on testing, treatment, and chemoprophylaxis available at:
https://www.interiorhealth.ca/AboutUs/Leadership/MHO/MHO%20Updates/MHO%20Alert%20-%20August%206,%202015.pdf

At present, there is no change to the routine provincial pertussis immunization recommendations and eligibility groups. Interior Health will continue to monitor the situation and assess if expanded control measures may be needed.

Suggested resources:

BC Centre for Disease Control. Pertussis available at:
http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual

Immunize BC. BC Routine Immunization Schedule available at:
http://www.immunizebc.ca/vaccine-schedules

Call for Physicians to Support Response to the BC Public Health Emergency

Opioid agonist therapies (using methadone or Suboxone) are effective in reducing withdrawal symptoms and cravings for use of street drugs which as a result will reduce the risk of overdose in persons who are addicted to drugs such as heroin and oxycodone. In many communities across IH, the waitlist to access this type of life-saving treatment can be long. Suboxone is a safe and effective medication and is now a first line recommendation for the treatment of opioid use disorder. A methadone exemption is no longer required to prescribe Suboxone.

A few hours of online CME can prepare you to prescribe it (www.suboxonecme.ca) as well as reviewing the CPSBC guidelines for prescribing (https://www.cpsbc.ca/programs/drug-programs/mmp/suboxone).

Additionally if you would like guidance you can connect with an addiction medicine specialist through your community or through the RACE line (http://www.raceconnect.ca/).