# @interior health

Medical Health Officers
**UPDATE** for Physicians

**January 5, 2015**

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To view previous MHO UPDATES, go to:

www.interiorhealth.ca/AboutUs/Leadership/Pages/MHOUpdates.aspx


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## Physicians Survey – IH STOP HIV Initiative – Win an Apple iPad 3 Mini by participating!

As MHOs heading up the IH STOP HIV program, we really need to hear from area physicians, to know how it is going from your perspective. We are working with the 'Be The Change Group' Inc. group to conduct this evaluation for us, surveying doctors and nurse practitioners who work in BC's interior to learn what providers know about HIV testing, treatment and prevention.

Your input into this survey will be combined with other respondents to guide STOP HIV/AIDS program implementation and development of relevant CME education. The survey will take approximately 20 – 25 minutes to complete. The deadline to complete the survey is **January 31st 2015.**

- **TO COMPLETE THE ONLINE SURVEY:**
  Click or paste into your browser:
  http://bit.ly/1vrgfpa

As an incentive and acknowledgment of your time, if you complete the survey and enter your email, you will have a chance to win one of two new Apple iPad Mini 3's!

## Current influenza activity:

Influenza A/H3N2 activity has increased significantly across IH in the past two weeks from December 21. Winters with predominant Influenza A/H3N2 activity typically result in more long term care facility outbreaks, and more pressure on hospital beds and emergency rooms due to more severe illness, especially among seniors and the elderly. IH has had 11 LTC facility respiratory illness outbreaks declared in the past two weeks, with influenza being either lab confirmed (6) or results pending (5). During the next two weeks, we will experience our winter peak of influenza activity. This peak will be much more pronounced than the past several years.

## Mismatched influenza vaccine:

A mismatch has occurred for the A/H3N2 component of this year's vaccine (A/Texas included), whereas the dominant circulating A/H3N2 strain is A/Switzerland. The degree of cross reactivity and vaccine effectiveness is unknown as yet. Vaccination is still recommended for at-risk groups, as there may be some degree of protection.

**Antivirals:**

All influenza A/H3N2 viruses tested by the National Microbiology Laboratory for antiviral resistance were resistant to amantadine and susceptible to oseltamivir and zanamivir. Physicians should consider timely administration of antivirals (e.g. oseltamivir or zanamivir) to recommended recipients presenting with influenza symptoms, regardless of immunization status. Laboratory confirmation of influenza in these individuals is not required prior to administering antiviral medication.

**Antivirals are recommended for:**

- those with influenza-like illness severe enough to require hospitalization; and
- individuals with influenza-like illness at higher risk of complications from influenza infection as follows:
- children aged younger than 5 years;
- adults 65 years of age and older;
- persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease) or metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions;
- persons with immunosuppression, including that caused by medications or by HIV infection;
- women who are pregnant or postpartum (within 4 weeks after delivery);
- Aboriginal people;
- persons aged younger than 18 years who are receiving long-term aspirin therapy;
- persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40).

**Influenza Severe Outcome Surveillance:**

The BCCDC is tracking severe outcomes of lab-confirmed influenza in IH and across the province. The intent is to collect information to establish baseline of expected influenza severe outcome activity, to support early detection and recognition of unusual epidemiologic patterns, and to identify risk factors associated with influenza severe outcomes.

Effective December 15th, notification of severe outcomes is requested:
- Acute care facilities asked to report hospitalized cases and deaths in cases of lab-confirmed influenza
- Residential care facilities asked to report deaths in residents with lab-confirmed influenza
- Notification via completion of the Influenza Severe Outcome Surveillance (SOS) Case Report Form

You may be asked to fill out the Influenza SOS Case Report Form if your lab-confirmed influenza patient is hospitalized or if they expire. The form and a Memorandum with specific instructions for notification has been circulated to acute care and residential care facilities.

**Further information on influenza:**

BCCDC. Flu / Influenza (http://www.bccdc.ca/dis-cond/a-z/_f/Flu/default.htm).
BCCDC. Influenza Surveillance Reports (http://www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm).

**SCHOOL ANAPHYLAXIS Protocol**

In schools with children attending who have anaphylaxis, school staff are trained in the use of both EpiPen® and Allerject® brand single-dose auto-injectors. Current Anaphylactic Student Emergency Treatment Plans indicate that emergency medication must be a single-dose auto-injector for school setting and that **oral antihistamines will not be administered by school personnel.** This is supported by Interior Health guidelines, the BC Anaphylactic and Child Safety Framework http://www.bced.gov.bc.ca/health/bc_anaphylactic_child_safety.pdf, the BC School Trustees Association https://dsweb.bcsta.org/docushare/dsweb/Get/Document-33393/Sample%20Anaphylactic%20Student%20Emergency%20Procedure%20Plan%20-%20June%202010.doc, and the Canadian Society of Allergy and Clinical Immunology handbook, Anaphylaxis in Schools and Other Settings, 3rd edition http://csaci.ca/images/upload-files/Anaphylaxis_3rd_Edition.pdf.

Unfortunately, some emergency treatment plans signed by physicians are returned to schools indicating the use of antihistamines and asthma medications first instead of epinephrine for treating anaphylaxis. While they will do no harm when given as additional or secondary medication, they have not been proven to stop an anaphylactic reaction. (Ref: Sampson H. et al. Second Symposium on the Definition and Management of Anaphylaxis: Summary Report – Second National Institute of Allergy and Infectious Disease/Food Allergy and Anaphylaxis Network Symposium. Journal of Allergy and Clinical Immunology 2006;117(2) 391-397. Lieberman P. et al. The diagnosis and management of anaphylaxis practice parameter: 2010 Update. Journal of Allergy and Clinical Immunology 2010;126:477-480. Simons FER et al. World Allergy Organization Guidelines for the Assessment and Management of Anaphylaxis. WAO Journal 2011;4:13-37.) **Epinephrine is the only treatment shown to stop an anaphylactic reaction, and is the only treatment that can be given in the school setting. Additionally all high-risk children should have two auto-injectors available in the school setting should the dose need to be repeated**.

Your support in completing the forms with epinephrine as the emergency treatment medication is appreciated, and reduces confusion at the school level.