

MEDICAL HEALTH OFFICERS UPDATE FOR PHYSICIANS

July 18, 2016

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To view previous MHO UPDATES, go to:
www.interiorhealth.ca/AboutUs/Leadership/Pages/MHOUpdates.aspx

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Overdose Public Health Emergency

On April 14th, a public health emergency was declared in British Columbia (BC) in response to a significant increase in illicit drug overdose deaths. In the Interior Health region alone, illicit drug overdose deaths increased from 31 deaths in 2012 to 60 deaths in 2015. **In the first five months of this year, 57 deaths have already occurred with more than 130 deaths projected by the end of 2016.**

The BC Coroners Service has detected fentanyl in increasing proportions of illicit drug overdose deaths. In 2012, fentanyl was identified in 5% of illicit drug overdose deaths in BC, rising each subsequent year to 32% of overdose deaths in 2015 and 56% of overdose deaths in the first quarter of 2016.

The emergency declaration under the *Public Health Act* has allowed for improved access to information that is crucial to guide the overdose crisis. Interior Health has established an Incident Management Team (IMT) to provide direction and coordinate our response. The team's priorities include: implementing enhanced surveillance of overdoses among individuals who present to emergency departments and in the community; expanding access to Take Home Naloxone from emergency departments, public health units, and Mental Health and Substance Use (MHSU) services; and removing barriers to accessing MHSU services (e.g., opioid substitution therapy). As well, the IMT is exploring the feasibility of safe consumption services through consultation with stakeholders.

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

Additional suggested resources:

[BC Drug Overdose and Alert Partnership \(www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/bc-drug-overdose-alert-partnership-doap\)](http://www.bccdc.ca/health-professionals/clinical-resources/harm-reduction/bc-drug-overdose-alert-partnership-doap) – Provincial Harm Reduction Committee

[BC Coroners Reports \(www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports\)](http://www2.gov.bc.ca/gov/content/safety/public-safety/death-investigation/statistical-reports) – Recent illicit drug overdose statistics in BC

[Overdose prevention \(www.interiorhealth.ca/YourEnvironment/CommunicableDiseaseControl/Documents/OD%20Prevention.pdf\)](http://www.interiorhealth.ca/YourEnvironment/CommunicableDiseaseControl/Documents/OD%20Prevention.pdf) – signs of an overdose and overdose prevention

[Know Your Source \(knowyoursource.ca\)](http://knowyoursource.ca) – Information on Fentanyl

[Toward the Heart \(towardtheheart.com\)](http://towardtheheart.com) – A project of the provincial harm reduction program

BC Update on Sexually Transmitted Infections

Benzathine penicillin (Bicillin L-A) is once again available in Canada

Pfizer Canada has confirmed that their production of Bicillin L-A is back to normal. **Physicians should resume use of Bicillin L-A for the treatment of syphilis.** Please disregard the interim treatment guidelines for syphilis and resume using the British Columbia Treatment Guidelines: Sexually Transmitted Infections in Adolescents and Adults (2014) available at: http://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%205%20-%20STI/CPS_BC_STI_Treatment_Guidelines_20112014.pdf.

Provincial increase in all STIs

BC saw a particularly marked increase in bacterial STIs in 2015 compared to 2014. We are continuing to see additional increases in many infections in 2016. Some of the trends noted in 2015 include:

- A 75% increase in cases of **gonorrhea**
- A 40% increase in **syphilis**, representing the highest rates we have seen in 30 years
- Cases of **lymphogranuloma venereum** (LGV) were the highest ever recorded in BC, with over 40 cases

For more information, please see the BC Update on Sexually Transmitted Infections: June 2016 available at: <http://smartsexresource.com/health-providers/blog/201606/update-sexually-transmitted-infections-bc-june-2016>.

Foodborne Illness Detection

With the summer weather there is an increase in picnics, BBQ's and outdoor events. Unfortunately, this also results in an increased incidence of Foodborne Illnesses. *Salmonella*, *Shigella*, *E. coli*, *Campylobacter*, *Clostridium perfringens* and other common foodborne bacterial illnesses present in a similar fashion: sudden onset of nausea, vomiting, abdominal cramping and/or diarrhea. Many of these illnesses also cause fever, headache and flu-like symptoms. The onset of symptoms can range from as little as 30 minutes up to 72 hours and can last for 1 to 7 days.

The best way to confirm a foodborne illness is through vomitus or stool samples. Use dry sterile containers such as the BCPHMRL feces vial. Generally, foodborne illness bacteria and viruses are contained in the gut and will not appear in blood samples. Positive samples are how Environmental Health Officers/ Public Health Inspectors can confirm the source of a foodborne illness. If a patient believes that they may have acquired a foodborne illness from a restaurant or other public food facility they can report it to their local health protection office (contact information available at www.interiorhealth.ca – under the 'Your Environment' tab).

Heightened Pertussis Activity Continues in IH

Pertussis activity continues to occur across the health authority. From January 1 to June 30, 2016 a total of 123 laboratory-confirmed or epidemiologically-linked cases were reported across the IH region compared to 29 cases in 2015 for the same time period. Although sporadic cases have occurred throughout the region, the largest numbers of cases have been reported in Vernon (n=56), Central Okanagan (n=19) and Nelson (n=13) local health areas. On-going pertussis activity has been particularly evident in the Vernon area. Pertussis cases have been reported across all age groups with mean and median ages of 20.4 and 12 years respectively. This year, five cases have been reported among infants less than one year of age with varying immunization status. Overall, the highest age-specific incidence rates have been in the less than one year (81 per 100,000), 5 to 9 year (87 per 100,000) and 10 to 14 year (71 per 100,000) age groups. Although low immunization coverage typically drives periods of heightened pertussis activity, waning immunity prior to the grade 9 Tdap booster is also likely contributing to increased incidence among pre-teens. Cyclical pertussis activity is also occurring elsewhere in BC and Canada.

Actions requested of all clinicians:

1. 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. Accessible from: <https://www.interiorhealth.ca/AboutUs/Leadership/MHO/MHO%20Updates/MHO%20Alert%20-%20August%206,%202015.pdf> for detailed guidance on testing, treatment, and chemoprophylaxis.

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**. Accessible from: <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual>
 Immunize BC. [BC Routine Immunization Schedule](http://www.immunizebc.ca). Accessible from: www.immunizebc.ca

Infection Prevention And Control Newsletter (available only through the internal IH website)

Stay up to date with the Infection Prevention and Control newsletters called Infection Reflections.

The latest edition of Infection Reflections from July 2016 [IPAC Newsletter](#) Zika Virus.

You can also find all previous editions of the newsletter at the bottom of IPAC site (<http://insidenet.interiorhealth.ca/QPS/IPC/Pages/default.aspx>), before "Other Web Resources"