MEDICAL HEALTH OFFICERS **UPDATE** FOR PHYSICIANS

March 2017

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

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

1. Improving access to opioid agonist therapies

Opioid agonist therapies (OAT) using methadone or Suboxone are effective in reducing withdrawal symptoms and cravings for use of street drugs, 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/).

We are strongly encouraging you to join the growing network of regional physicians treating opioid use disorders with Suboxone to further improve the reach of OAT in our region.

2. Referring to local Mental Health and Substance Use (MHSU) programs

IH's MHSU program is assertively following-up with any patient who presents to an IH emergency department with an opioid overdose. Assertive follow-up involves an MHSU clinician attempting to connect with an individual to offer services (e.g., OAT, out-patient counselling, Take Home Naloxone), education and information related to opioid overdose prevention and treatment.

Emergency department clinicians are requested to follow local processes for MHSU referral to ensure people who experience an opioid overdose are connected with services as soon as possible.

Mumps

Several cases of mumps have recently been reported in British Columbia. One laboratory-confirmed case has been identified in Interior Health (IH). We are asking clinicians to be alert for further cases that may arise.

A small number of mumps cases are typically reported in IH each year. From 2014 to 2016, less than five laboratory-confirmed cases were reported each year. In 2013, IH experienced an outbreak of mumps associated with a junior hockey team. Among confirmed cases (n=13), most reported having at least one dose of the MMR vaccine.

Physicians are requested to:

- Be on alert for persons presenting with symptoms compatible with mumps disease.
- Test these individuals accordingly (as outlined below).
- Report suspect or probable mumps to the IH CD Unit (toll-free 1-866-778-7736) or after hours to the IH MHO on-call (1-866-457-5648).
- Review immunization status and eligibility with ALL patients.
  - Refer to the BCCDC Communicable Disease Manual Chapter 2: Section VII
  - Refer persons eligible for vaccine to Public Health as needed
- Review their own immunization status and the immunization status of staff/health care workers they employ. Ensure immunizations are up-to-date**. HCW's who are close contacts to a case of mumps and are not immune to mumps, will be excluded by the MHO from working in a health care setting**. Please refer to:

  BC CDC Communicable Disease Control Manual, Chapter 1, Mumps (Appendix A, pg. 19) for more information.

Testing:

1. Viral isolation:
   a. Collect oral specimen within 5 days of onset of symptoms. The preferred specimen is a buccal swab or saliva from the buccal cavity collected within the first 3 to 5 days of parotitis or symptom onset.
   a. Collect a urine sample for viral culture within 14 days after the onset of prodromal symptoms using a sterile container.

2. Serology:
   a. Collect acute serology for mumps (IgM and IgG), as soon as possible upon suspicion of mumps and within 5 days after symptom onset.
   b. Collect convalescent serology at least 10 days and up to 3 weeks after first sample.

*** Note:**

- Ideally testing for Mumps disease will include both viral isolation and serology.
- Urine testing may not be as sensitive as oral specimens.
- Viral isolation by buccal swab taken in the first three days after onset of parotid gland swelling is especially important in previously immunized suspect cases
- Serology may be difficult to interpret in previously vaccinated persons. IgM response could be variable but may also be absent. IgG will rise soon after exposure and may already be high by the time acute serology is drawn, obscuring the 4 fold rise typically observed between acute and convalescent serum. IH CD Unit can assist with serology and other lab result interpretation.
- Please visit www.bccdc.ca/health-info/diseases-conditions/mumps for additional information related to mumps diagnosis and testing.

While mumps virus is the predominant cause of parotitis, it can also be caused by other viruses and bacteria. A recent provincial laboratory trends report highlighted cases of acute parotitis following infection with influenza virus. While testing for mumps is the priority, including testing for influenza in the differential diagnosis for acute viral parotitis should be considered.

Clinical Information:

- Mumps classically presents as an acute unilateral or bilateral painful swelling of the parotid glands. A non-specific prodromal period may occur several days before swelling which can include fever, headache, malaise and anorexia. Young children may present with more non-specific respiratory symptoms. Post-pubertal males and females may get orchitis and oophoritis respectively.
- Clinical illness may also occur in an individual who has had previous immunization with one, or two, doses of MMR vaccine, with somewhat less pronounced symptoms due to partial immunity.
- There can be rare, but serious, complications associated with mumps including meningitis, sterility, and deaf-ness.
- The most infectiousness period occurs between 2 days prior to and 5 days after parotid swelling, and can continue for up to 9 days.
- The incubation period for mumps is typically 16-18 days, yet can vary from 12-25 days after exposure. All individuals with suspected mumps should be isolated at home, away from school, work, and other social settings for 9 days after parotid swelling onset.
- Exposure primarily comes from airborne transmission and direct contact with saliva or respiratory droplets from the nose or throat or from contact with any surface that has been contaminated with the mumps virus.

Physician's Role in Benefit Coverage for Palliative First Nations Patients

Please note that physicians are now able to register First Nations patients for BC Palliative Care Benefits (BCPCB) by completing forms, without waiting for a response from the First Nations Health Authority (FNHA).

In addition, First Nations patients are able to access PharmaCare Plan P coverage. Changes to PharmaCare make it easier for health practitioners to help First Nations patients to immediately access a Plan P drug not covered by FNHA/ NIHB (Non-insured Health Benefits). PharmaCare no longer requires a letter declining coverage from FNHA/NIHB.

In order to access Plan P, a BCPCB application must be completed by their primary care physician or nurse practitioner. See the BC PharmaCare newsletter for more information.

Historically, status First Nation patients who were diagnosed with an advancing life-limiting illness and a life expectancy of six months or less were unable to access provincial BCPCB without first applying and being declined for benefits coverage with FNHA.

This issue was brought forward provincially to the Tripartite Committee on First Nations Health and commitments were made to work toward a solution to reduce these policy and system barriers. The targeted timeline for provincial solutions is June 2017.

While this solution is being sought, Interior Health will embrace Jordan's Principle in regards to coverage of palliative care benefits. This means that patient needs will be considered first and jurisdictional disputes resolved later. IH staff members have been advised and will follow the appropriate processes for palliative service provision.

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 January 2017 http://insidenet.interiorhealth.ca/QPS/IPC/Documents/January%202017.pdf Mycobacterium tuberculosis (TB)

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"