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Medical Health Officers
UPDATE for Physicians

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1. Measles update

As of April 30, 2014, there have been at least 22 cases of measles in Central Alberta in recent weeks. IH Public Health recommends that infants 6-11 months of age travelling to Calgary, Edmonton or Central Alberta receive an early additional dose of measles vaccine. The child will still require two more routine doses of MMR at 1 year of age and when 4-6 years old. Please have parents call your local public health nursing office to arrange an immunization.

2. Adult Vaccines available to physicians

Some IH physicians have expressed interest in having vaccines available for their adult patients who are eligible to receive the publicly funded vaccines. The listed vaccines are available to those physicians who wish to order them from their local health centre.
The vaccines are: Cervarix (HPV), Hepatitis A, Hepatitis B, MMR, Pneumococcal 23, Polio (IPV), Td and Varicella. Order forms as well as directions on the Process for Obtaining Adult Publicly Funded Vaccines are available at www.interiorhealth.ca > Partners > Immunization Resources & Tools > Physician/CVP Immunization Program

3. Protect Young Women Against HPV

Women who are born before 1994 and are 26 years of age or younger can be started on a 3-dose series of CERVARIX®. This program started in April 2012 and will continue until available vaccine expires in August 2015. Current studies indicate that the vaccine is effective for at least 9.4 years.

4. Childhood Immunizations in Physician offices

A September 2012 MHO survey of IH family physicians found that the vast majority of respondents were quite satisfied with public health staff delivery of the routine childhood immunizations, and felt they had no time or interest in taking on childhood immunizations within their office. One Kamloops family physician was interested, and has taken on childhood immunization within their practice.

Accessing publically funded childhood vaccines is available to any family physician wanting to provide this service to their patients. If you would like more information please contact Heather Way, CIHS Regional Knowledge Coordinator, (250) 395-7676; heather.way@interiorhealth.ca

Further information and resources are available at the IH Partner website at the following link: http://www.interiorhealth.ca/sites/Partners/ImmunizationResourcesTools/PhysChildhoodImmunization/Pages/default.aspx

5. BC Healthy Connections Project Official launch December 2013

Effective December 2013, the BC Healthy Connections Project (BCHCP) officially launched province wide. The following IH sites are participating in BCHCP: Williams Lake, Kamloops, Kelowna and area, Vernon, Castlegar, Trail, Nelson, Cranbrook and Kimberly. The BCHCP study aims to evaluate the impact of The Nurse Family Partnership (NFP) on health and social outcomes for young first-time BC mothers and their children who are vulnerable due to their socioeconomic circumstances. The Study Team is conducting the BCHCP in collaboration with the BC Government and five of BC's health authorities, Simon Fraser University, and McMaster University. Using randomized controlled trial methods, NFP's effectiveness will be compared with BC's existing services — across the domains of pregnancy and birth, early child health and development, and maternal life course.

It is not possible to make a referral directly to the study. In IH, the Healthy From The Start program offers screening for study eligibility. All pregnant women in IH are encouraged to call the Healthy From The Start Program early in pregnancy. All women will be screened by a Public Health Nurse and offered existing services. Women will then be assessed for BCHCP eligibility. If you have concerns about a client who may not self-register, referral forms are available by calling 1-855-868-7710, or online at www.interiorhealth.ca/HealthyFromTheStart. Please go to the BCHCP website: www.childhealthpolicy.ca if you have any questions about the study.

6. Electronic Cigarettes

There has been a recent surge in popularity of electronic cigarettes, particularly among youth. Electronic cigarettes, also known as e-cigs, e-pipes, e-cigars, e-hookah and hookah pens, typically have three components. The cartridge may contain propylene glycol, vegetable glycerine, flavourings, additives, water, nicotine and additional toxic compounds; the atomizer heats the liquid and creates vapour; the battery powers the atomizer and indicator light. Most look like conventional cigarettes/cigarillos. They are popular because they deliver a nicotine dose similar to cigarettes, are less expensive than cigarettes, are being aggressively marketed by big tobacco and their use is currently unrestricted. E-cigarettes are not recommended and those containing nicotine are illegal for sale in Canada, however they are readily available. There is a paucity of evidence related to their efficacy as a quit aide. There are also safety concerns for users and others exposed to e-cigarette vapour (including during pregnancy and breastfeeding). In 2009, Health Canada advised Canadians not to use e-cigarettes. Interior Health's Medical Health Officers have recommended that all school districts prohibit e-cigarettes like other tobacco-containing products. The IH smoke free policy is currently being updated to explicitly prohibit e-cigarettes. Also, the health authority's tobacco reduction coordinators are advising municipalities to include e-cigarettes in smoke-free bylaws.

7. Ticks and Lyme Disease

While most ticks in the IH region are Rocky Mountain Wood Ticks (*D. andersoni)* not known to carry the lyme disease bacteria (*B. burgdorferi*), occasional *Ixodes* species ticks are found here, and these ticks are capable of carrying and transmitting Lyme disease. The majority of IH and BC residents do travel all across the province, including the more Lyme-endemic coastal areas of BC. As most people do not notice the tick bite or attachment when it occurs, any patients presenting to physicians with initial signs and symptoms compatible with acute Lyme disease should be fully evaluated and treated, even in the absence of a recognized tick bite. About 60-70% of all, newly infected patients will develop an expanding circular red (EM - erythma migrans) rash from 3-10 days after the bite. All patients presenting in IH with these signs should receive prompt early antibiotic treatment for suspected Lyme disease. Acute and convalescent serology are worthwhile for lab-confirmation but are often negative even with true Lyme infection, since early treatment may blunt seroconversion.

NOTE: **If a physician wishes a tick tested for Lyme disease, contact the BC Public Health Microbiology and Reference Laboratory's Parasitology Section at (604) 707-2629. For questions regarding testing of humans, call BCCDC Zoonotic Diseases and Emerging Pathogens at (604) 707-2628**. **NB- Ticks are <u>not</u> received at nor forwarded from IH Public Health Offices, and patients should not be directed to PH offices with ticks.**

8. Bats and Rabies

Bats are the only BC animal species endemically infected with rabies. A bat that comes into physical contact or bites a person suggests a sick bat. Of such bats, when captured and submitted, 5-10% test positive for rabies. Any human physical contact with a bat should be referred to the IH Communicable Disease (CD) Unit (toll-free 1-866-778-7736), or after hours to the MHO on-call, for assessment of the need for rabies vaccine prophylaxis. Any animal bites of IH residents occurring outside BC or overseas, should also be referred for assessment. Animal bites incurred by people intentionally hand-feeding squirrels, rabbits or rodents are considered 'provoked', and do not warrant rabies vaccine . Bites by domestic pets or stray cats and dogs within BC do not usually necessitate rabies vaccine prophylaxis, but if you feel the circumstances of the bite or the animal behavior was suspicious of rabies, feel free to consult us.

9. Mosquitoes and West Nile Virus (WNv)

WNv was first detected in IH in the southern Okanagan region in the summer of 2009. There have been a limited number of positive lab detections in mosquitoes, birds and people since that time, but neither the prevalence (risk) nor geography seems to have expanded beyond low levels in the south and central Okanagan. Physicians wanting to test patients for suspected WNv infection should order WNv serology (local lab should draw blood in both a SST -gold top tube) for submission to BC Public Health Microbiology and Reference Lab. PCR can also be done on blood (collected in EDTA -purple top tube) or CSF for acute and meningitis/encephalitis cases respectively. Acute and convalescent serum need to be tested to confirm an infection of WNv. Convalescent sera should be collected 10-14 days later of first sample collected; however; a negative PCR in CSF alone does not rule out infection, and serology will be needed for confirmation. The CD Unit and/or MHO can be called to help interpret lab results. A four-fold increase in WNv neutralizing antibody titres in paired serology, or seroconversion along with the clinical criteria confirms a case of WN Non-NS ("West Nile fever") or WNNS (West Nile Neurological Syndrome).