

MEDICAL HEALTH OFFICERS UPDATE FOR PHYSICIANS

November 2, 2017

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

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Influenza Immunization Program Update 2017-2018

This year's Influenza Immunization Program Updates have been sent from our Population Health Immunization Program under separate fax to all physicians. These communications include ordering and reporting processes for influenza vaccine as well as accompanying forms. The updates highlight key information including this seasons' vaccine products, vaccine strains and eligibility criteria.

Periodic communications will be sent as pertinent information is available in order to ensure physicians receive timely and relevant information on the seasonal influenza program. Resources, copies of updates, vaccine order forms and other program related information are also available on the IH Partners site at <https://www.interiorhealth.ca/sites/Partners/ImmunizationResourcesTools/Pages/default.aspx>

Please ensure that you have read the recent communication on cold chain management for influenza vaccine. This can also be accessed on the IH Partner site.

REMINDER:

Note that the influenza vaccine dose for all ages, ***including children 6 months and older is 0.5mL***

Influenza Season 2017-2018 Update

Low level influenza activity is occurring regionally and provincially and is within expected levels for this time of year. The predominate strain of influenza currently being experienced is Influenza A(H3N2) with adults aged 65 years and older more susceptible to this influenza strain. For more information, please refer to the BCCDC's Influenza Surveillance Reports: <http://www.bccdc.ca/health-professionals/data-reports/influenza-surveillance-reports>.

Adverse Reaction Following Immunization (AEFI)

All significant or unexpected adverse reactions following immunization with any vaccine product are to be reported to the local health centre. MHO recommendations for future immunizations will be sent back to the immunizer. The form for reporting AEFIs is available at www.bccdc.ca > Health Info > Immunization & Vaccines > Forms > [AEFI Case Report Form](#)

Serological Testing for Workers and Students in Healthcare Professions

Some physicians have been ordering serological testing of health care workers and students of health care professions **despite documented history of appropriate immunization**. Current provincial and national guidelines **do not support such testing in these situations**.

- Healthcare workers and students in healthcare professions do not need serological testing for measles, mumps or rubella if they have two documented doses of MMR. Interior Health will not provide publicly funded MMR vaccine to students or workers in healthcare professions who have two documented doses of MMR vaccine, even in the presence of serologic testing demonstrating non-immunity. If such students are requesting additional immunizations, they can be directed to community resources where they can purchase vaccine.
- Serological testing for Hepatitis B is not recommended for workers or students in healthcare professions who have a documented completed series of Hepatitis B vaccine. Health Care Workers who show detectable Anti-HBs <10 IU/L but have documented history of a Hepatitis B vaccine series should be directed to their employer should they be requesting further vaccine. Students may be directed to public health services.

STOP HIV Survey Reminder for Primary Care Providers

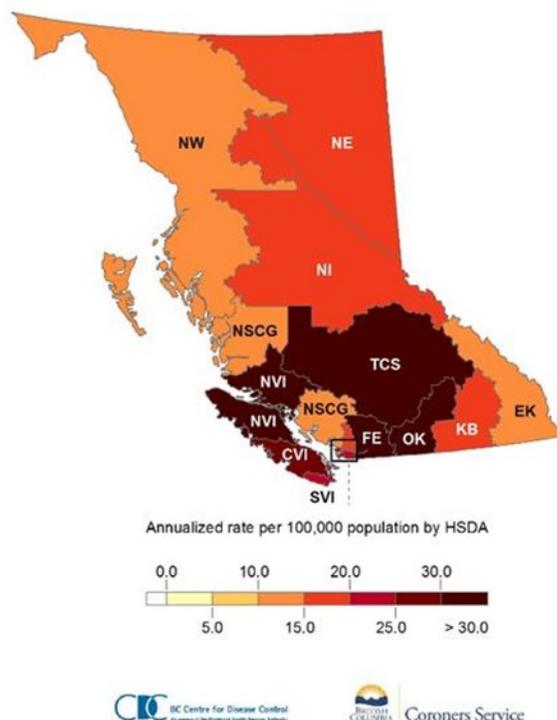
In 2013/14, Interior Health implemented the STOP HIV and Health Outreach Nursing program across the region. As part of this program, IH spent some time engaging with physicians, increasing awareness and education regarding HIV care and testing in our communities and for our patients. Now IH needs to hear from you, to learn about your experiences (if any), potential barriers for HIV testing in your practice, and how best to improve the current HIV services to date. [Click here to complete a short 5 minute survey https://www.surveymonkey.com/r/STOPHCP](https://www.surveymonkey.com/r/STOPHCP)
Your time and input is greatly appreciated!

Update on Overdose Public Health Emergency

The rate of illicit drug overdose deaths remains high in IH with the most extreme rates occurring in the Okanagan region. Recently, the Kelowna Census Metropolitan Area was ranked the highest in the country for opioid poisoning hospitalizations in 2016/17. From January 1 to August 31, 2017, a total of 113 deaths occurred in the Okanagan including 60 in Kelowna. The annual number of deaths in each of Kelowna, West Kelowna, Vernon, and Penticton are projected to double the numbers that occurred in all of 2016. Fentanyl has been detected in over 90% of deaths across IH.

While fatal and non-fatal overdoses are occurring across genders and age groups, populations most affected include males aged 30-49. Overdoses are also disproportionately affecting the Aboriginal population. The overdose crisis involves people across the socioeconomic spectrum. Opioid overdoses are occurring following intentional and unintentional use of opioids, including substances contaminated with fentanyl, as well as through different routes of administration (e.g., injection, inhalation, ingestion). The risk of fatal overdose is higher for people using drugs alone and in private residences.

Geographic distribution of illicit drug overdose deaths by Health Service Delivery Area, Aug 2016 to Jul 2017



IH is currently focusing on the following interventions to reduce risk and prevent overdose deaths:

1. Supervised consumption services in Kelowna and Kamloops with exploration of expanded harm reduction and overdose prevention services in other communities.
2. Access to naloxone and other harm reduction supplies for persons and family/friends of persons at risk of overdose.
3. Culturally sensitive supports for Aboriginal persons and communities impacted by overdoses.
4. Increasing public knowledge of substance use and reducing stigma associated with mental health and substance use disorders.
5. Building, compassion, inclusion and engagement of vulnerable individuals.
6. Continued surveillance of fatal and non-fatal overdoses.
7. Continued follow-up and offering of services for those who present to emergency departments with a non-fatal overdose.

For more information on IH's response or to locate a Take Home Naloxone site in your community, please visit: IH Overdose Public Health Emergency

(www.interiorhealth.ca/AboutUs/Leadership/MHO/Pages/PHEmergency.aspx)