

MEDICAL HEALTH OFFICERS UPDATE FOR PHYSICIANS

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Respiratory Infection Update

We are currently experiencing low-level influenza activity in BC, as expected for this time of year. Presentations of influenza like illness are starting to increase with entero-rhinovirus the predominant virus to date. We have had a few influenza positive cases in Interior Health so far this season, but no long term care outbreaks.

The southern hemisphere experienced a mild influenza season with predominantly H1N1 circulating, so we may experience this in the Northern Hemisphere, particularly given 2 predominantly H3N2 seasons recently. Please encourage your staff (including yourself!), your patients and your family to get immunized against influenza.

This year's trivalent vaccine contains: an A/Michigan/45/2015 (H1N1)pdm09-like virus; an A/Singapore/INF16H-16-0019/2016 (H3N2)-like virus; a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); the quadrivalent vaccine additional contains a B/Phuket/3073/2013 (Yamagata-lineage)-like virus.

The weekly BC Influenza surveillance reporting can be accessed here:

<http://www.bccdc.ca/health-professionals/data-reports/influenza-surveillance-reports>

Influenza resources are available through the BCCDC web site at:

<http://www.bccdc.ca/health-info/diseases-conditions/influenza>

Fluzone HD® Update

Interior Health recommends that all adults 65 and older receive a dose of seasonal influenza vaccine.

Adults who are 65 years and older are eligible for publically funded trivalent vaccine (Fluviral® or Influvac®). These products are effective and available through public health or community providers at no charge.

This season there has been significant promotion of Fluzone HD® (High Dose), leading to an increase in inquiries in the product. Fluzone HD® is a trivalent inactivated influenza vaccine with a fourfold dose of antigen compared to standard-dose influenza vaccines, intended to generate a stronger immune response in the elderly. It is licensed for those 65 years and older, and provides superior protection for this age group against influenza and its complications. As with a number of other recommended vaccines, Fluzone HD® is not publicly funded. However, we do recommend it be offered to those 65 years and older. Fluzone HD® is available for purchase without prescription at select pharmacies.

More details about the incremental benefits can be found at:

<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2018-2019.html>

Acute Flaccid Myelitis (AFM)

As you may have heard via media, the US CDC has recently reported an increase in cases of pediatric acute flaccid myelitis (AFM). The etiology of these cases has not been clearly determined, however some cases have been associated with enterovirus D-68 and enterovirus A71 infections. Low level EV-D68 activity has been detected in BC, and elsewhere in Canada, as may be expected at this time of year; however, BC Centre for Disease Control is not aware of any such detections associated with neurological manifestations this season.

AFM is a subset of cases of acute flaccid paralysis (AFP; defined as acute onset of focal weakness or paralysis characterized as flaccid without other obvious cause) with additional imaging findings suggestive of myelitis (notably indicating grey matter involvement). AFP and AFM are rare but serious conditions that have a variety of possible causes including viral infection, exposure to environmental toxins and genetic disorders.

There have been no cases identified in BC at this time. In North America most of the cases have been in children.

Symptoms

- Acute onset of flaccid paralysis that may be accompanied by any of the following:
- Facial droop/weakness,
- Difficulty moving the eyes
- Drooping eyelids,
- Trouble swallowing or slurred speech.

Testing

Clinicians investigating cases of AFP/AFM should consult with a medical microbiologist when ordering viral testing

- EV-D68 testing is available at BCCDC Public Health Laboratory. Sequence analysis may support other enterovirus typing, including EV-A71.
- The above testing and related guidance are available upon clinician request through the BCCDC on-call microbiologist at 604-661-7033.

Resources

FluWatch reports: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/weekly-influenza-reports.html>

US CDC AFM webpage: <https://www.cdc.gov/acute-flaccid-myelitis/index.html>

US CDC factsheet on EV-D68: <https://www.cdc.gov/non-polio-enterovirus/about/ev-d68.html>

US CDC factsheet on EV-A71: <https://www.cdc.gov/non-polio-enterovirus/about/ev-a71.html>

HealthLinkBC webpage on EV-D68: <https://www.healthlinkbc.ca/health-feature/enterovirus-d68>

PHAC information sheet on AFM in Canada: <https://www.canada.ca/en/public-health/services/diseases/acute-flaccid-myelitis.html>

PHAC webpage on non-polio enterovirus infections: <https://www.canada.ca/en/public-health/services/>

Parotitis and Influenza

Parotitis is swelling of one or both of the salivary glands, and can be from a viral or bacterial cause. Although parotitis is often a symptom of Mumps virus infection, it can also occur with influenza infection.

- In previous influenza seasons, parotitis appeared to be linked to infection with influenza A(H3N2) virus.
- The recommendation is for physicians who are investigating acute parotitis during influenza season, should include influenza in their differential diagnosis, and consider testing for it.
- If you are testing for mumps, as per BCCDC guidelines, please collect a buccal swab and a urine specimen. Serology may be difficult to interpret in clients who are previously immunized.

This Physician Update is available online at:

<https://www.interiorhealth.ca/AboutUs/Leadership/MHO/Pages/MHOUpdates.aspx>