MEDICAL HEALTH OFFICERS **UPDATE** FOR PHYSICIANS

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Influenza Season 2016-2017

This year's Influenza Immunization Program Updates are being 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

Enterovirus D-68

Several cases of Enterovirus D-68 (EV-D68) occurred this year in BC. In the Interior Region, a total of four cases have been reporting between August and September, including three children younger than 2 years of age and one adult. Cases were not epidemiologically linked. Two of the three children were hospitalized, and one of them was reported to have neurological symptoms (paralysis).

EV-D68 typically causes mild respiratory illness, but can sometimes cause severe respiratory disease, particularly in children with asthma. Rarely, EV-D68 can cause acute flaccid myelitis or other neurological complications. Last year there was very little EV-D68 activity, but these detections may indicate more activity in the coming season.

Prevention of EV-D68 infection is similar to other respiratory illnesses – good hand and respiratory hygiene, staying home when sick and routine infection control. Ensuring that asthma action plans are up to date is also important. Treatment is supportive.

Please consider EV-D68 in the differential diagnosis of acute onset of severe respiratory illness and/or acute onset of **focal limb weakness or other acute neurological event involving muscle weakness/paralysis**. Diagnostic testing includes specific testing for EV-D68 on respiratory (nasopharyngeal/throat) specimens and other specimens (stool/CSF) as clinically indicated. Since we are still learning about the clinical spectrum of illness, **we ask that you report cases of neurological illness associated with EV-D68 infection to public health by phoning 1-866-778-7736 CD's .**

Surveillance of West Nile virus in BC Interior

Since 2009, Interior Health (IH) has experienced positive West Nile virus (WNv) indicators showing that the virus has become established in the southern and central Okanagan. Recently (late summer 2016), positive horses and crows for West Nile virus were identified in the East Kootenay and Central Kootenay areas. Regarding the human cases, other than a few travel-related cases, to date no cases with local transmission are detected in these areas.

The risk of WNv transmission to humans may be higher after an increase in the number of infected mosquitoes, birds, and horses with WNv. In BC, human exposures are greatest in August.

Despite the reported birds and horses with WNv, no human cases have been reported and the season of observing potential human cases is coming to a close. IH physicians are asked to maintain an index of suspicion for WNv now that has animal cases have been detected in new areas of Interior Health.

WNv is asymptomatic in 80% of people infected. Of the remaining 20%, most will present with West Nile Non-Neurological Syndrome (WN non-NS; previously known as West Nile "fever"). Only 1% of infected individuals present as a viral
encephalitis (West Nile Neurological Syndrome, or WNNS). The incubation period from time of infection with mosquito bite to fever onset is from 2-14 days, with median presentation at 10 days.
The clinical criteria for West Nile Non-Neurological Syndrome include at least two of the following signs and symptoms:

- fever
- myalgia
- arthralgia
- headache
- fatigue
- lymphadenopathy
- maculopapular rash

The clinical criteria for West Nile Neurological Syndrome include fever and recent onset of at least one of the following:

- encephalitis (acute signs of central or peripheral neurologic dysfunction)
- viral meningitis (pleocytosis and signs of infection e.g. headache, nuchal rigidity)
- acute flaccid paralysis (e.g. poliomyelitis-like syndrome or Guillain–Barre-like syndrome)
- movement disorders (e.g. tremor, myoclonus)
- Parkinsonism or Parkinsonlike conditions (e.g. cogwheel rigidity, bradykinesia, postural instability)
- other neurological syndromes

Diagnostic testing for West Nile virus is done by the BCCDC Public Health Laboratory. For acute early infections, serology and PCR are done on blood samples collected in both Serum Separation Tubes (gold top) and EDTA (purple top) blood tubes respectively, as well as PCR done on CSF if patients present with neurological symptoms. Both acute, and convalescent serology collected 10 – 14 days later, are required to confirm an infection of West Nile virus. A positive PCR can confirm a case; however, a negative PCR in CSF alone does not rule out WNv infection, and serology will be needed for confirmation. Interior Health's Communicable Disease Unit (CDU) and a Medical Health Officer can be called to help interpret lab results.

A four-fold increase in West Nile virus neutralizing antibody titres in the paired serology or demonstration of a seroconversion, along with the clinical criteria, confirms a case of WNv Non-NS or WNNS.

Please notify the Communicable Disease Unit at 1-866-778-7736 M-F business hours or the MHO On-call of any patient with suspected viral encephalitis that may be due to WNv.

Public Health Nurses to Screen for Perinatal Depression

Beginning this October, Public Health Nurses (PHNs) will offer all women perinatal depression screening using the Edinburgh Postnatal Depression Scale (EPDS) by 8 weeks postpartum. PHNs will offer your patients information, education, support and referral as appropriate. You will receive a Perinatal Depression Information/Referral letter for your patients that decline the EPDS and those who score greater than 9 on the EPDS. The letter will include your patients' score and PHN actions which may include a referral to you as their care provider, and/or to Mental Health Substance Use for further assessment. Scores less than 9 indicate that depression is not likely and you will not routinely receive a letter for those patients.

Expert telephone consultation service is available to you as needed; a psychiatrist is available during clinic hours as well as out of hours for emergencies. This service is provided by the BC Reproductive Mental Health Program. Phone and pager numbers for this service are found on the bottom of the Information/Referral Letter.