



Medical Health Officers  
**UPDATE** for Physicians

# interior health

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Interior Health [Website](#)

## **CONTACT INFO**

**Dr. Andrew Larder**  
Senior Medical Health Officer

**Dr. Trevor Corneil**  
Medical Health Officer

**Dr. Rob Parker**  
Medical Health Officer

**Dr. Peter Barss**  
Medical Health Officer

**Dr. Sue Pollock**  
Medical Health Officer

**DUTY MHO LINE (24/7)**  
**1-866-457-5648**

## **Public Health and Primary Care**

Dr. Andrew Larder had a few things in mind when he asked me to join Interior Health as an MHO: to advise on public health and prevention in the context of primary care, to support health authority efforts in chronic disease prevention and management, to provide leadership with regards to health inequities across the region.

Having practiced family medicine for 17 years in Vancouver, it will come as no surprise to any of you when I suggested that we start by engaging you, our GPs. In fact a significant portion of public health activity occurs in primary care settings, activities that are often not recognized or accounted for in ministry of health or regional health authority metrics.

As such, I will be looking to family doctors in our region to help inform my efforts over the years to come. In return, I offer my specialized knowledge in public health strategy, population analysis, and program implementation. Medical Health Officers are as interested in improving the health outcomes of its local populations as you are in your practice populations. From my perspective they are one in the same.

So please do not hesitate to call our office individually with any questions, ideas, or comments. I would also be more than happy to act as a consultant to our regional GPSC divisions including any projects that are in the planning stages or already underway.

Sincerely, Trevor Corneil BA MD MHSc FCFP FRCPC  
p 250 868 7849 | m 250 868 6506 | [trevor.corneil@interiorhealth.ca](mailto:trevor.corneil@interiorhealth.ca)

## **Cervarix – HPV One-Time Vaccination Program for Women Ages 19,20,21**

British Columbia (BC) is launching a time limited free HPV vaccination program using Cervarix™ (GlaxoSmithKline Inc) for young women turning 19, 20 and 21 years old in 2012, who were born in 1991, 1992 and 1993. This program for the prevention of cervical cancer is in addition to the school-based offering of HPV vaccine Gardasil® (Merck Canada Inc) for girls in grades 6 through 12. The school based program has been in place since 2008. A thorough review of the evidence indicates that HPV vaccine is cost-effective in preventing precancerous changes and cancer of the cervix caused by HPV 16 & 18 in women until about 25 years of age.

## Cervarix – HPV One-Time Vaccination Program for Women Ages 19,20,21 (cont'd)

The vaccine is preventive, and does not clear already established HPV infection. Because HPV is sexually transmitted and is a common infection, the vaccine is most beneficial to use prior to onset of sexual activity. However, young women, even those who are sexually active, are unlikely to have been infected with both of the strains of HPV associated with cervical cancer, types 16 and 18, and will benefit from vaccination.

Community vaccine providers need to be aware that there is a finite quantity of Cervarix vaccine available. Girls can be encouraged to complete the 3 dose vaccine series with the same provider, however, given the mobility of the population, this may not occur and the series may be completed with another immunization service provider. If there is no free vaccine available when the client presents for her second or third dose, the client may have to purchase Cervarix to complete the series for full protection. Cervarix is commercially available for purchase and costs about \$100/dose.

In mid - April, Health authorities will begin to distribute the vaccine to physicians, sexual health and youth clinics, college/ university student health services, and other appropriate immunization service provider settings. Pharmacists authorized to immunize will also be able to order the vaccine beginning April 9<sup>th</sup> from McKessons and independent pharmacies from their local health unit.

Due to the limited supply of vaccine, we are asking **all** immunization providers to not order more vaccine than they will be able to use. Vaccine allocation may be limited to 10-20 doses at a time to maintain the ability to move vaccine to where there is the greatest demand. Providers are not to set aside 2<sup>nd</sup> and 3<sup>rd</sup> doses but to order vaccine as needed.

For information concerning the ordering of one-time HPV programs please go to the following link: <http://www.interiorhealth.ca/sites/Partners/ImmunizationResourcesTools/Pages/default.aspx>

The vaccine is given intramuscularly in the deltoid (upper arm). The recommended schedule is 3 doses at 0, 1 and 6 months. If a series is interrupted and the time between doses is longer than recommended, there is no need to restart the series. Administer the remaining doses according to the recommended intervals. The minimum interval between dose 1 and dose 2 is 4 weeks, the minimum interval between dose 2 and dose 3 is 12 weeks, and the third dose being given at least 5 months after dose 1. There are no recommendations for booster doses at this time.

All providers must maintain a clinical record of the immunization service, as required by their professional practice standards. A personal record of immunization should also be provided to the recipient that contains the vaccine product name, and date of each dose received. As well, either the provider or the young woman herself should submit the record of immunization for entry into the immunization registry, where it will be maintained electronically long term and can be linked to clinical service provision in the future. Young women should be encouraged to submit the date of receipt of each dose along with their personal identifiers to the registry online at [www.immunizebc.ca](http://www.immunizebc.ca). This online process will be set up later in the spring of 2012, and will also send out reminders for the 2<sup>nd</sup> and 3<sup>rd</sup> doses. For those not wishing to use the online system a paper form may be completed and sent to BCCDC by the provider by fax or email. This form will be distributed to vaccine providers and also available at [www.immunizebc.ca](http://www.immunizebc.ca)

Clinical guidelines for the use of the vaccine will be issued in the CD Control Manual, Chapter 2, Immunization, Section VII, Biological Products, posted at <http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm>. Additional Qs and As related to clinical use will be posted at <http://immunizebc.ca/healthcare-professionals>

## **Cervarix – HPV One-Time Vaccination Program for Women Ages 19,20,21 (cont'd)**

A vaccine locator will be available online at [www.immunizebc.ca](http://www.immunizebc.ca) to help women find out where they can get the vaccine.

Lots of good information is available through the following web sites:

- ◆ BC HPV vaccine educational materials [www.immunizebc.ca](http://www.immunizebc.ca) or <http://immunizebc.ca/diseases-vaccinations/hpv>
- ◆ The January 2012 NACI statement is available at <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php#rec>
- ◆ Public Health Agency of Canada HPV vaccine information: <http://www.phac-aspc.gc.ca/std-mts/hpv-vph/fact-faits-vacc-eng.php>
- ◆ Information from GlaxoSmithKline Inc. about Cervarix: <http://cervarix.ca/>

## **Interior Health Cleft Lip/Palate Team Clinics**

A pamphlet is now available which describes the IH Cleft Lip/Palate Multidisciplinary Team Clinics, with contact information. The Interior Health Cleft Palate Team is based in Kelowna and welcomes families from throughout the Southern Interior of BC. If you would like copies of the pamphlet sent to your office, please contact [Lynda.Martyn@interiorhealth.ca](mailto:Lynda.Martyn@interiorhealth.ca)

## **After Hours Palliative Nursing Service**

The Ministry of Health is launching a new After Hours Palliative Nursing Service (AHPNS) across all health authorities in early April 2012.

The AHPNS will provide terminally ill adults and their families with access to palliative care nursing advice by telephone, in the evening and at night, in their own homes. The AHPNS will operate from 9 p.m. - 8 a.m. PST, seven days a week, with toll-free access and translation services, from anywhere in B.C.

Eligible palliative patients and family caregivers will call a dedicated phone line to HealthLink BC RNs who will identify callers' concerns, provide support and determine the response required. Patients with complex needs may be transferred to Fraser Health Palliative Response Nurses. If the physician provides an after-hours contact number for their palliative patients, the Fraser Health Palliative Response Nurse could contact the physician when appropriate.

Physicians with patients eligible for the BC Palliative Benefits Program (Palliative Performance Scale of 50% or less and prognosis less than six months), should continue to refer patients for palliative home care services from the health authority. Access to the after-hours service is part of palliative home-based service.