Medical Health Officers
UPDATE for Physicians
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Results of September Survey of Family Physicians
-interest in providing childhood vaccinations

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In this Issue:

- **Physician Survey**
- **Winter Influenza Season**

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As Medical Health Officers overseeing the provincial public immunization program with the IH region, we wanted to assess the degree of interest among family physicians and pediatricians in providing routine childhood immunization in their office practice. We did this for two reasons:

1. IH has historically turned down family physicians requesting access to childhood vaccines. A variety of reasons have been given as to why this has previously been considered not to be feasible or practical, but physicians actually have a right to publicly funded vaccines if they want to deliver them through their practice.

2. The BC provincial Immunization Strategic Plan calls for strengthening and broadening the number of community vaccine providers in the province, in particular among interested physicians and pharmacists. There has been a slight but slow erosion of childhood immunization coverage rates in BC over the past decade. There is good literature showing improved immunization rates from more opportunistic updating of childhood immunizations in a variety of health care encounter settings, rather than just relying on a single provision mechanism.

Prior to and while conducting this survey, we heard from some IH public health nursing staff that felt this might be the start of taking the Immunization program away from them; and from some physicians and physician groups who felt this might be an attempted 'dump' or force of the immunization program on them. Neither is the case or the intent. The intent was merely to assess the level of physician interest in delivering childhood vaccines within their practice, and then make sure efficient processes are in place to supply childhood vaccines to those interested physicians.

The September survey was sent to 680 family physicians and pediatricians in the IH region, and ninety-seven responses were returned. We were pleased to get at least the 14% response rate, as we assumed that many physicians not interested in taking on childhood immunization would not respond. Of the 97 returned surveys, 18 (19%) physicians indicated they would be interested in providing routine childhood vaccinations, 30 (31%) physicians indicated they may be interested and 46 (47%) indicated they would not be interested. The geographic distribution of physicians that may be or are interested in providing childhood vaccination was 8 physicians from IH-West, 25 IH-Central and 15 from IH-East. Many physicians voiced support for the existing public health delivered system of childhood immunization, and stressed the importance of a centralized immunization database. We are appreciative of these positive comments, and concur with the importance of maintaining a common immunization database.

There does seem to be sufficient interest among a number of family physicians who would like to be conducting childhood immunization as part of their routine office

practice, as done in many parts of BC and the rest of Canada. This will be a change from longstanding practice for public health staff in IH. We want to make sure that systems are in place to support physicians interested in providing childhood vaccines in their offices, so that neither vaccinating physicians nor public health staff get frustrated by inefficient processes. So we are having discussions now with our public health office staff during December, to see what infrastructure and processes need to be in place prior to providing childhood vaccine product to those interested physicians. This will include processes for vaccine ordering, pickup, immunization recording, reporting of adverse events, immunization competency and vaccine knowledge and updates, and consultation on immunization questions that arise.

In January-February 2013 we will be contacting those interested physicians, to discuss proposed processes to make sure they work efficiently for both their offices and public health staff. The intent is to begin provision of childhood vaccines to physicians who want them beginning in April 2012.

We understand that for many rural family physicians in the IH region that they already have extremely busy office practices and there may be too few physicians in their community, such that there is no way they could conceivably take on childhood immunization. We understand that, and will continue to provide public health childhood immunization and other family support services, and also intend to look at other ways to improve the existing immunization program, family access, and immunization promotion. It always was and continues to be our expectation into the future that public health nursing will remain the backbone of the immunization program and deliver the vast majority of childhood immunizations in the IH region. But it is also our hope that through these discussions, we will not unduly and unfairly deny vaccine access to physicians who want to deliver childhood immunizations as part of their family or pediatric practice, and also through discussions find new and better ways to further partner between public health and physicians on immunization and other prevention activities.

Any physicians who didn't get a chance to respond to the survey but who may also be interested in providing childhood immunizations in their practice, can let us know by emailing: robert.parker@interiorhealth.ca

Winter Influenza Season Update

Influenza activity in BC continued to increase into late November, with 24/150 (16%) of respiratory viral swabs testing positive for influenza, all being A/H3N2 strain. Rhinovirus (30/150) and parainfluenza virus (15/150) also continue to circulate. Two ILI outbreaks were reported from long-term care facilities in FHA in late November. A significant increase and number of influenza infections were also seen in late November in Quebec, Ontario and the Prairie provinces, with the vast majority of isolates being A/H3N2 and only a few influenza B isolates detected. Since the start of the season in early September, the National Microbiology Laboratory (NML) has antigenically characterized 35 influenza viruses and the 22 influenza A/H3N2 viruses tested were antigenically similar to this fall's vaccine strain of A/Victoria/361/2011. All the A/H3N2 isolates tested were sensitive to oseltamivir, and resistant to amantadine.

With schools in session in BC for another three weeks until Dec 21, this should allow ample time for virus amplification within the schools and more reported school respiratory outbreaks, transmission to parents and adults and then into residential care facilities for the elderly. It may be more likely that the expected winter seasonal peak of the more severe H3N2 strain will occur this winter in the Dec 21- mid January period, which is the most common H3N2 peak time, based on 30-year historic patterns. Peak winter influenza patterns in BC have been irregular and inconsistent the past 4-5 winter seasons, but this winter seems to be shaping up in a more traditional pattern.

BCCDC Surveillance: www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm.

Canadian FluWatch: http://www.phac-aspc.gc.ca/fluwatch/