



Medical Health Officers  
UPDATE for Physicians

# interior health

December 6, 2013

## INFLUENZA UPDATES

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#### ◆ Influenza Update

To view previous  
MHO UPDATES, go to:  
Interior Health [Website](http://www.interiorhealth.ca)  
[www.interiorhealth.ca](http://www.interiorhealth.ca)

### Vaccine Dosages for Children

BC continues to recommend that children < 9 years of age, including 6-23 month olds, receive two doses of vaccine 4 weeks apart **ONLY** if they are previously unvaccinated or if influenza vaccination history is uncertain. If one or more doses have been received in any preceding season, only one dose will be given. All children (including infants 6-35 months) should receive a full **0.5ml** immunization dose, just like the adult dosing. Studies have shown higher antibody responses to this dosing without an increase in adverse events. Please note that the Agriflu® product monograph still lists 0.25ml as the dose for children 6-23 months of age, but the BC and Canadian recommended dosing is 0.5ml immunization.

### Agriflu®

While this Trivalent Inactivated Influenza Vaccine is for preferential use in individuals with a known hypersensitivity to thimerosal, and for use in pregnant women who request a thimerosal-free product, it can also be used with all clients eligible to receive the other seasonal trivalent influenza vaccine products (such as Fluviral®.)

### FluMist®

FluMist® intranasal vaccine is a live attenuated vaccine. As such, guidelines around spacing with other live vaccines must be followed. Other live vaccines (such as Varicella and MMR) must either be administered on the same day as FluMist®, or 28 days apart because circulating interferon may interfere with the replication of the second live vaccine. This is an important consideration when immunizing children who might have received a live vaccine as part of the School Immunization Program through Public Health. In addition, health care workers who get FluMist® are advised to avoid contact with severely immune-compromised individuals for 14 days after vaccine administration.

### Influenza Control Program – Physician Resources

This year's official influenza season is December 2, 2013 to March 31, 2014. Further to the provincially adopted [Influenza Control Program policy](#), all IH medical staff and employees (unionized and excluded), other credentialed professionals, residents, volunteers, students, contractors, and vendors are required to protect against influenza by either receiving the influenza vaccine or wearing a mask in patient care areas throughout the season. This year visitors have been added to the policy.

*To assist you in notifying visitors to your offices of their responsibility, posters are available for downloading from the Interior Health website – go to [www.interiorhealth.ca](http://www.interiorhealth.ca) > click on the “Physicians” tab (top right) > below “Immunizations” click on Resources for Physicians.*

### CONTACT INFO

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

As part of the Influenza Control Program policy, physicians with privileges in IH facilities are required to report their influenza immunization status to Interior Health. Physicians are welcome to receive a flu shot at any community-based public flu clinic, at a participating pharmacist, or through their own family physician. If you choose one of these options, be sure to keep your record of immunization. ***Please check with your local medical administrative assistants to ensure that you know how and when to report your influenza immunization status.***

If you have any questions about the Influenza Control Program, please email [influenza@interiorhealth.ca](mailto:influenza@interiorhealth.ca).

## **Current Influenza and Respiratory Virus Circulation**

As of November 23 2013, influenza is beginning to increasingly circulate in BC and Alberta, though there have not as yet been any lab-confirmed influenza residential care facility outbreaks in the Interior Health region. There have been multiple isolates in BC and Alberta of each of influenza A/H1N1, A/H3N2 and B strain viruses. Canadian isolates typed by the National Laboratory show the presence of the three strains included in this year's influenza vaccine. All isolates tested are sensitive to oseltamivir, and are resistant to amantadine.

From the 180 viral respiratory specimens submitted in BC during the week of November 17-23, 5 (2.78%) were positive for influenza, and 2 (1.11%) were positive for RSV. Rhinovirus was the most commonly detected respiratory virus (31.58% positive); parainfluenza viruses, coronaviruses and adenoviruses have also been sporadically detected in BC.

Sources:

FluWatch report: November 17 to 23, 2013 (Week 47) ([http://www.phac-aspc.gc.ca/fluwatch/13-14/w47\\_13/index-eng.php](http://www.phac-aspc.gc.ca/fluwatch/13-14/w47_13/index-eng.php))

Respiratory Virus Detections/Isolations in Canada, Week 47 ending November 23, 2013 ([http://www.phac-aspc.gc.ca/bid-bmi/dsd-dsm/rvdi-divr/2013-2014/47/rvdi\\_divr47-eng.php](http://www.phac-aspc.gc.ca/bid-bmi/dsd-dsm/rvdi-divr/2013-2014/47/rvdi_divr47-eng.php))

## **EMERGING RESPIRATORY VIRUSES**

### **Avian Influenza A(H7N9)**

Since February 2013, cases of H7N9 have been reported in the People's Republic of China. Of note, one case of H7N9 has been reported in Taiwan and all other cases have been reported in mainland China. For the latest information on ongoing H7N9 developments, please visit the WHO avian influenza A(H7N9) webpage: [http://www.who.int/influenza/human\\_animal\\_interface/influenza\\_h7n9/en/index.html](http://www.who.int/influenza/human_animal_interface/influenza_h7n9/en/index.html).

### **Middle East respiratory syndrome coronavirus (MERS-CoV)**

Since April 2012, cases of MERS-CoV virus infection have been reported in Jordan, Kingdom of Saudi Arabia, the United Arab Emirates, Qatar, Oman, Kuwait, France, the United Kingdom, Italy, and Tunisia. For the latest information on ongoing MERS-CoV developments, please visit the WHO MERS-CoV webpage: [http://www.who.int/csr/disease/coronavirus\\_infections/en/index.html](http://www.who.int/csr/disease/coronavirus_infections/en/index.html).

### **Action for physicians in Interior Health**

If physicians are concerned about a suspected severe acute respiratory illness (SARI) case with links to affected areas in the two weeks prior to symptom onset, they are requested to contact the IH CD Unit (toll-free 1-866-778-7736), or after hours notify the IH MHO on call (1-866-457-5648). Clinicians and health care workers should implement respiratory precautions immediately, and cases should be managed in respiratory isolation with contact and droplet precautions. Aerosol generating procedures warrant airborne precautions in suspected SARI cases.