



**January 2012**

**In this Issue:**

- ◆ **Hep A Vaccine in Aboriginal Persons**
- ◆ **Change in the Varicella Vaccine Schedule**
- ◆ **Closure of Interior Health STI Clinics**
- ◆ **Ecstasy Alert**
- ◆ **Respiratory Illness in IH**

**TO VIEW ANY PAST MHO UPDATES GO TO:**

[www.interiorhealth.ca/MHOupdates.aspx](http://www.interiorhealth.ca/MHOupdates.aspx)

**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**

**Hepatitis A Vaccine for Aboriginal Persons**

Although B.C.'s overall hepatitis A rates have declined over the past 15 years, hepatitis A outbreaks have continued to occur in First Nations communities. Hepatitis A rates are higher in First Nations due to factors that increase the risk of transmission including crowded households, family structure, mobility and cultural gatherings. Hepatitis A continues to circulate in younger age groups and many infections will not be recognized.

Effective January 1, 2012, B.C. began offering hepatitis A vaccine to all Aboriginal infants and children from 6 months to 18 years of age who are living on and off reserve. The Hepatitis A vaccine series consists of 2 shots. Infants get their first dose at 6 months of age and the second dose at 18 months. Older children need 2 doses of vaccine with at least 6 months between doses. Aboriginal persons include those who self-identify as First Nations, Métis or Inuit. Immunizations are being offered at IH public health units and at band health centres.

For more information see: <http://immunizebc.ca/healthcare-professionals>

**Change in the Varicella Vaccine Schedule**

Starting January 1, 2012, children 4-6 years of age are now eligible for a second dose of varicella vaccine.

The revised vaccine schedule will include:

- ◆ Second dose of varicella vaccine provided at school entry (4-6 years of age)
- ◆ The second dose of MMR, currently provided at 18 months of age, provided at school entry (4-6 years of age)

Children who have already received MMR at 18 months will be offered varicella vaccine at school entry. Children who have already received their school entry vaccine and are younger than their 7<sup>th</sup> birthday should be offered varicella vaccine on an opportunistic basis.

The National Advisory Committee on Immunization (NACI) reports that a second dose of varicella vaccine has been projected to decrease varicella cases by 22%. Providing the second dose of varicella vaccine at school entry may boost waning immunity and provide protection into adolescence.

For more information see: <http://immunizebc.ca/healthcare-professionals>

## **Closure of Interior Health Sexually Transmitted Infection Clinics**

Effective January 31, 2012, services provided by Interior Health Sexually Transmitted Infection (STI) clinics in Kamloops, Kelowna, Penticton, Grand Forks, and Cranbrook will be phased out.

Physicians will be able to access support and clinical guidance on HIV/STIs through the BCCDC STI clinic, including syphilis follow-up. HIV-designated nurses in IH will be available to support pre- and post-test counselling, education and support for partner notification. The IH Communicable Disease (CD) Unit will continue to receive all positive STI lab reports and will continue to assist in partner notification for HIV/STIs.

STI medications will remain in IH health units in the short-term. Please ensure that your office obtains a free supply of STI medications from BCCDC by completing the 'STI Drug Order Request Form' found on the BCCDC website: <http://www.bccdc.ca/dis-cond/a-z/s/SexuallyTransmittedInfections/guideform/default.htm>

Adult vaccines, including hepatitis A and B vaccines previously available through the IH STI clinics, will be offered through IH adult immunization clinics.

## **Ecstasy Alert**

Within the last 2 months, there have been at least 8 serious cases of ecstasy toxicity in B.C., including three deaths. Hyperthermia is the most serious symptom associated with ecstasy. Although the main ingredient of ecstasy is 3,4-methylenedioxymethamphetamine (MDMA), a review of recent cases shows that tablets/capsules often contain other substances including methamphetamine, cocaine, ketamine, and dextromethorphan. Ecstasy users who become seriously ill may have taken several doses in one evening and in combination with other stimulants.

Ideally, an individual should avoid taking ecstasy. However, if you know a patient is using ecstasy, recommendations for these individuals have been developed:

1. Ecstasy is a polydrug and other drugs/medications, including alcohol, should not be taken in combination with ecstasy.
2. No more than 1-2 doses should be taken in an evening.
3. Ecstasy users should party with a sober person who can be alert for any signs of ecstasy toxicity (agitation, confusion, hyperthermia, loss of consciousness, seizures).
4. While using ecstasy, individuals should stay hydrated with sports drinks or non-caffeinated soda pop.

For more information, see the B.C. Drug and Poison Information Centre <http://dpic.org/>

## **Respiratory Illness in IH**

The occurrence of respiratory illness across B.C. is below expected for this time of year. However, IH has seen respiratory illness outbreaks in Community Care Facilities including rhinovirus, human metapneumovirus, and influenza. There are also community based lab-confirmed cases of influenza, primarily H3N2, which is covered by the current seasonal influenza vaccine. Continue to encourage eligible patients to get the flu shot including the elderly, immunocompromised and those with chronic health conditions.

A detailed influenza surveillance report including health authority, provincial, national and international trends can be found at: <http://www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm>