



Pharmacist Access to Publicly Funded Vaccines in BC Initiative

March 2013

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IH supports British Columbia's commitment to improving access to publicly funded vaccines for eligible BC residents. Using a collaborative model, health authorities are working together with community vaccine providers, including community pharmacists to achieve this goal. IH physicians should be aware of a new immunization initiative involving community pharmacists: "Pharmacist Access to Publicly Funded Vaccines in BC"

Pharmacists, who have authorization from the BC College of Pharmacists to immunize, have been providing a number of publicly funded vaccines (influenza, pneumococcal polysaccharide, Tdap in some regions, and HPV-Cervarix) since 2009. The province has recently approved access to an expanded list of publicly funded vaccines for pharmacists.

Starting in early 2013, pharmacists can administer additional vaccines to clients ≥ 5 years of age under the five specific circumstances listed below:

1. To eligible BC residents who present at the pharmacy
2. To eligible BC residents as a supplement to a school-based program
3. To eligible BC residents during an outbreak
4. To household contacts in post-exposure situations
5. To eligible BC residents on a case-by-case basis

As of mid-February 2013 the public can receive an expanded range of immunizations from their pharmacist.

Further information regarding this initiative is available in the document *Pharmacists and Publicly Funded Vaccines in BC — General Information* located at: <http://www.health.gov.bc.ca/pharmacare/vaccines.html>

Testing for Hepatitis C

In August 2012, the US Centers for Disease Control issued its recommendation that all adults born between 1945 and 1965 (baby boomers) should have a one-time hepatitis C test. Recent local media attention of this issue has resulted in queries from IH physicians regarding current BC recommendations. BC has not made any recent changes to its recommendations on hepatitis C testing.

Current BC policy is that physicians can test for hepatitis C at government expense if they or their patient is concerned about one or more risk factors for the disease, or possible symptoms. A population screening program is under consideration at a provincial level but not funded at present.

For more information, please refer to: <http://www.bcguidelines.ca/pdf/vihep.pdf>

Tuberculosis in IH

March 24th was World TB Day with the theme being “STOP TB in my lifetime”. World TB Day provides us with an opportunity to remind physicians that we continue to see TB cases in IH. Since November 19, 2012, IH has had 11 confirmed cases of Mycobacterium tuberculosis, with five of these reported since February 15, 2013. Four of the 11 cases are linked to the Central Okanagan TB outbreak. Clinical consultation on suspect or active TB cases is available through a TB physician at BCCDC TB Control (general TB intake line: 604-707-2691) or through the IH respirology or infectious disease service.

Currently in BC, the BCCDC Public Health and Microbiology Reference Laboratory is conducting a pilot project using **Interferon Gamma Release Assays (IGRA)** to identify those persons who may have latent tuberculosis infection. IGRA blood tests are not currently funded by MSP so are only offered to select patients.

IGRAs are currently only available in Kelowna, Prince George, New Westminster, and Vancouver, and are recommended for the following groups:

1. TST negative, immune-compromised
2. TST positive, BCG positive
3. TST positive, Aboriginal or Foreign born
4. Some exceptions at discretion of the TB Control physicians

If you have received correspondence from TB Control recommending an IGRA test, or one of your patients falls into one of the above mentioned groups, please follow the process below to order the test. Patients should only be offered the option of having the IGRA test if they are willing to take preventative treatment in the event the IGRA is reactive. If your patient refuses the IGRA test or is unable to travel to Kelowna, they can still go ahead and take the recommended preventative treatment. The process for ordering an IGRA test is:

1. Discuss the recommendation for an IGRA test with your patient
2. If your patient agrees to the test, please notify TB Control at 604-707-2709
3. TB Control Field Operations Nurse faxes the requisition to the laboratory at Kelowna General Hospital (KGH)
4. The laboratory at KGH phones your patient to arrange an appointment

Changes to IH Tuberculin Skin Testing (TST) Practices

IH is making some important changes to the tuberculin skin testing (TST) practices. Effective April 2, 2013 those who require TST for work, school admission, immigration requirements or travel will be referred to a private provider where they will be charged a fee. In communities where a private provider is not available within a one hour drive, public health centres will provide this service for a fee of \$40.00.

TB skin tests that are required for work, school admission, immigration requirements or travel are not publicly funded. For more information please refer to the BCCDC Immunization Manual, section VII, page 70. This change in practice will bring us in line with all other health authorities who charge for this type of testing or refer to a private provider.

It is important to note that all public health centres will continue to provide TB skin testing to individuals who may have been exposed to an active case of TB, in outbreak situations, for medical reasons and for admission to residential treatment facilities free of charge.

To find out where non-publicly funded TB skin testing is available in your area please refer to our website <http://goo.gl/J0kHb>