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Are Your Immunizations Up to Date? Recommended Vaccines for Physicians

The BC Centre of Disease Control (BCCDC) recommends immunization of all healthcare workers to safeguard the health of their patients, colleagues, general public and their own health.

In the event of an exposure or outbreak of a vaccine-preventable communicable disease, the Medical Health Officer may exclude exposed health care workers from work for the period of communicability if they are unable to provide proof of immunity. It is essential that physicians check their immunization status and ensure they are up to date for all required vaccines. Over the last year, the Medical Health Officer has excluded physicians from work due to measles and mumps exposures in the workplace. Documented proof of immunity is required (e.g., immunization records and/or laboratory evidence of immunity).

For recommended vaccines, please refer to the latest edition of the BCCDC Communicable Disease Control Immunization Program Manual, Section III - Immunization of Special Populations (page 46).
http://www.bccdc.ca/NR/rdonlyres/AD481BC8-EBBD-45FF-A085-C797C76C2BCB/0/SectionIII_ImmunizationofSpecialPopulationsJuly2014.pdf

Physicians may access immunization from a variety of sources such as Public Health, their family physicians, pharmacists, and Travel Medicine and Vaccination Centres. Physicians are reminded to keep records of their immunizations accessible in the event of a communicable disease exposure.

Now Resolved; the Province-wide Shortage of Cefixime

The BC Centre for Disease Control (BCCDC) provides publicly funded cefixime for the treatment of urethritis, cervicitis, pharyngeal, and anogenital infections caused by *Neisseria gonorrhoea* (GC).

Recommended regimens (Based on the 2014 BC STI Treatment Guidelines):

1. Cefixime 800mg PO in a single dose, **OR**
2. Ceftriaxone 250mg IM in a single dose. **PLUS EITHER**
Azithromycin 1g PO in a single dose,
OR
Doxycycline 100mg PO bid x 7 days

Alternate treatment regimens are available if first line agents cannot be used; the latest BC STI treatment guidelines can be found at: <http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap5.htm>

In August 2014, a drug manufacturer that supplies cefixime for the province of British Columbia announced that the product would be on backorder in Canada. This backorder (and the resulting shortage of cefixime) was meant to last until Fall 2015. During this shortage, the BCCDC has continued working with its pharmaceutical supply partners, and we have now secured a new supply of cefixime through a different manufacturer. At the present time, we have access to an adequate supply of cefixime, and we are recommending that all health care providers resume its use as appropriate, according to provincial guidelines. Please use the STI Request Form, accessible online to guide your 60-day ordering requirements:

http://www.bccdc.ca/NR/rdonlyres/401EFCD3-2381-42C6-ADDB-564D88E62E1D/0/STIDrugOrderRequestFormBWFeb2012_final2.pdf



Smoke-free Environment and Resources for Patients

Interior Health recently updated our Smoke-free Environments Policy and signage at our sites. The new signs remind patients, visitors, and staff that all Interior Health buildings and grounds are smoke free and that electronic cigarettes are prohibited on all Interior Health properties. Some of the new signs feature images of actual Interior Health patients and reinforce the message that second-hand smoke is harmful to our patients.

If you have a patient who smokes that will be staying in hospital, providing a reminder about the smoke-free policy and information on cessation supports can help them feel more comfortable about their upcoming stay and increase their chance of a successful treatment outcome.

There are resources available to help start the conversation about tobacco use:

- **Stop Smoking Before Surgery** posters and rack cards promote the benefits of stopping in advance of surgery. Rack cards can be ordered at: tobacco@interiorhealth.ca
- Patients can access free counselling from **QuitNow** by phone, online, live chat or text. Use the simple online referral form: <http://www.quitnow.ca/referral-form>
- The BC Smoking Cessation Program provides 12 weeks of free nicotine patches or gum per calendar year, or prescription medications Champix or Zyban as a benefit through Pharmacare. Call 811 or visit the Pharmacare Smoking Cessation website: <http://www2.gov.bc.ca/gov/topic.page?id=8CC17D1F894140748D740853F361D798>

For more information about the IH Smoke Free Environment Policy or supports for quitting, contact: tobacco@interiorhealth.ca or visit the Physicians Tobacco Reduction page on the IH website: <https://www.interiorhealth.ca/sites/Partners/TobaccoResources/Pages/PhysiciansProviders.aspx>

Health Alert: Measles Update

Measles cases have been recently reported in Vancouver after two symptomatic individuals travelled from China to Vancouver on a school trip during March break. The multi-state U.S. outbreak associated with Disneyland in California is also on-going. A Public Health Agency of Canada Travel Health Notice remains in effect in response to this and other global measles activity. There are currently no confirmed cases of measles in Interior Health, but we are asking healthcare professionals and the public to be alert for the signs and symptoms of measles. Please refer to our February 2015 issue of MHO Newsletter for more details.

Action requested of all clinicians:

1. Be alert for cases of measles. Consider measles in any patient with fever and rash, especially in people with exposures to known cases or with recent travel history.
2. Screen clients. Consider having office reception staff screen patients while booking their appointment so that those with fever and rash can be isolated upon arrival. Please ask them to wear a facemask and place them in a private room as soon as possible to protect other patients in the office.
3. Promote immunization. Review with your patient their own and their children's medical records to ensure that they are up to date. Children are up to date if they have received two doses of measles containing vaccine. Children receive their first dose of measles containing vaccine at 12 months and their second dose at ages 4-6 years (second dose was previously given at 18 months).
 - Individuals born before January 1, 1957 are considered immune, regardless of lack of memory of disease.
 - Individuals born January 1, 1957 to December 31, 1969 (except Health Care Workers) are considered immune if they report a history of disease or at least one dose of vaccine, otherwise they can be offered 1 dose of measles containing vaccine.
 - Individuals born January 1, 1970 and later (January 1, 1957 for Health Care Workers) require either lab evidence of immunity or documentation of 2 doses of live measles vaccine given at 12 months of age and older and at least 4 weeks apart to be considered immune.
 - Individuals can be immunized by calling their physician, local health unit/centre or immunizing pharmacist.
4. Make sure your own and your office staff immunizations are complete.
5. Suspect measles cases should be tested by both virus detection and serology. Submit a nasopharyngeal swab and urine sample for measles virus isolation and PCR testing. Blood should be collected to test for measles specific IgM and IgG class antibodies. If you suspect the patient is still in their period of infectivity, please call ahead to the lab to ensure they can maintain isolation of the patient when coming in for blood testing. As the clinical presentation of measles can resemble other viral infections, please request that sera from suspect measles cases also be tested for parvovirus B19 and rubella antibodies.
6. Physicians who suspect measles are asked to immediately call the IH Communicable Disease Unit during business hours at 1-866-778-7736 to initiate public health follow-up, isolation and testing. After office hours, please call the Medical Health Officer on-call at: 1-866-457-5648.

