Medical Health Officers
UPDATE for Physicians
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STOP HIV/AIDS IN IHA – SUPPORTING AND ENGAGING PATIENTS AND PHYSICIANS

Trevor Corneil, MD FCFP FRCPC, Medical Health Officer

Since May of this year, there has been a lot of activity as we have planned, trialed, and built the foundations for Treatment as Prevention (TasP) for HIV/AIDS, a provincially funded program known as Seek and Treat for Optimal Prevention (STOP):

1) Our IHA STOP HIV/AIDS Regional Working Group, led by our Senior Project Manager (Denise McKay RN) is now fully operational with the hiring of an MHO/Medical Director (Dr. Trevor Corneil), a Clinical Coordinator (Jeanie Fraser RN), and an Epidemiologist (Jennifer May-Hadford).
2) IHA's HAMAC, SET, and Board have all endorsed, and are committed to supporting IHA's New Standards Of Care for HIV/AIDS testing and treatment in IHA. Divisions of Family Practice (via the ISC) have introduced these standards to board chairs and CSC members.

- ***New Standards of Care for HIV/AIDS: a) annual non-risk based HIV screening for all persons, and b) enhanced primary care (CDM) management including anti-retroviral (ARV) therapy for all HIV positive individuals***

3) We are implementing these standards in three initial sites as we move towards regular "opt-out" HIV testing in the GP office, the specialist office, the ER, and on hospital admission. Standard opt-out lab requisitions, and pre-printed orders are under development by internal stakeholders for use across the health authority. This is also an opportunity to determine improved consultation and treatment pathways for HIV positive persons (current and newly diagnosed) including more local information and referral access points. Kelowna and three new sites yet to be determined will be our focus for this fall.

- ***Our three initial sites Trail, Vernon, and Merritt have organized their Local STOP Implementation Working Groups and will be ready to trial acute and community care testing during clinical encounters in November and/or December***

4) A snapshot of general knowledge and awareness regarding HIV/AIDS by residents and health care workers is underway using a short web-survey, and focus groups; a more relevant survey for physicians will be circulated over the weeks that follow (watch your email inbox!).

5) Our IHA STOP Health Outreach Team of full scope primary care nurses has been hired, trained, and will be available to accept referrals as of November 4th, 2013. Services offered will include HIV/HCV/HBV testing, new positive support and referral for patients and their testing physician (within 24 hours or one business day), partner notification counselling, medication adherence support, and HIV education for health care providers and other groups. Our registered nurses are positioned throughout IH in Cranbrook, Nelson, Penticton, Kelowna, Vernon and Kamloops and will be available Monday to Friday from 0830 to 1630.

- ***Referrals to the IHA STOP Health Outreach Team can be made by physicians, health care providers, or patient self-referral by calling 1-866-778-7736 and faxing a referral form/ letter to 1-250-549-6310***

6) The STOP HIV/AIDS Regional Working Group is now ready to begin developing our "HIV Treatment Hubs", and our STOP HIV Medical Team. It is recognized that physicians will play a key role in the success of the program, and our first group of providers will be heading to Vancouver for advanced training in HIV/AIDS and/or engagement in the provincial STOP collaborative in November and December. We are now asking any physicians who are currently caring for and/or are interested in caring for HIV positive patients to join our team of advanced practice GPs and specialists. Dr. Corneil and IHA will be contracting physicians on an annual basis across the region, to provide "enhanced" primary and specialist care services (or CDM) on an "hours-per-month" basis. These physicians will a) provide care for an individualized pre-determined number of HIV clients, and b) support their local physician colleagues to deliver the best primary care HIV possible.

- ***If you are interested in joining our IHA STOP Medical Team and being a local "hub" physician providing advanced practice HIV/AIDS care, please let Dr. Corneil know directly at trevor.corneil@ubc.ca, or by phone at 1-250-868-6506. Contracts can be in place as early as November 15th.***

Payment will be in addition to the standard fee-for service billing codes available via MSP, and based on BCMA negotiated Service Contract rates. Contracted physicians will also be provided funds for additional education and/or support mechanisms up to $10,000 in the first year.

HEALTHCARE WORKER INFLUENZA IMMUNIZATION
Andrew Larder MD FRCPC, Senior Medical Health Officer

Yes it is influenza season already. The July/August newsletter outlines this year's products (including details regarding Flumist), reviews BC's eligibility criteria, and provides information regarding vaccine availability for GP's at health units.

- ***For detailed information please see the Fall 2013 Update available on the external www.interiorhealth.ca website > click on "Physicians" tab (top right) > below "Immunizations" click on Resources for Physicians.***

We thought we would also use this opportunity to update you on healthcare worker (including physician) immunization rates in the interior region, as BC moves into its second year of mandatory "vaccine or mask" in hospitals, health authority clinics, and facilities.

Implementation of the Influenza Control Program for the 2012/13 influenza-season was very successful, dramatically reversed gradual downward trends in health care worker immunization rates that have been observed over the last decade. Immunization rates for staff in acute care facilities rose from 44% in the 2011/12 season to 76% in 2012/13, while in residential care staff immunization rates increased from 49% (2011/12) to 69% (2012/13). The corresponding coverage rates for residents of long term care facilities were 85% and 84% for 2011/12 and 2012/13 respectively.

- ***Last year's 2012/13 influenza season was the first time that we tracked physician immunization rates in IH; only 42% of physicians reported that they had influenza immunization***

This gap between physician and other health care worker coverage rates may be due to physicians failing to report immunization rather than failing to be immunized. Please check with your local medical administrative assistants to ensure that you know how and when to report your influenza immunization status.

A significant change this year is that all "visitors" to health authority hospitals and facilities will also be asked to wear a mask if they have not had an Influenza vaccine. At each public entrance you should see a sign, masks, and hand sanitizer 'stations'. If you notice that a station is missing or needs replenishing, please let someone know!

INTERIOR HEALTH OSELTAMIVIR PRE-PRINTED ORDERS REVISIONS: NOTICE TO PRESCRIBERS

Sean Gorman PharmD, IH Antimicrobial Subcommittee

Oseltamivir is indicated for the treatment of influenza A & B and for prophylaxis of close contacts. The two IH pre-printed orders (PPOs) concerning the use of Oseltamivir for the treatment of influenza (acute care and residential care) and for the prophylaxis against influenza (residential care) have been updated in June 2013, as approved by IH P&T and HAMAC. They are now consistent with the recently updated Canadian Tamiflu® Product Monograph and the most recent 2012/13 AMMI guidelines for the use of antiviral drugs for influenza. These PPOs are effective immediately for the 2013/14 Flu season.

- ***The changes to the PPOs concern the creatinine clearance (CrCL) threshold that triggers an Oseltamivir dosage adjustment. Previously, the CrCL threshold that triggered a dosage adjustment was 30 ml/min. <u>The latest clinical practice guidelines recommend a CrCL threshold of 60 ml/min for Oseltamivir dosage adjustment</u>.***

Although the renal threshold for dosage adjustment has changed significantly, the 'therapeutic index', or the efficacy to toxicity ratio of Oseltamivir has not changed. Oseltamivir is very well tolerated, with the most common adverse effects being vomiting, nausea, and diarrhea.

- ***Based on the safety profile of Oseltamivir, the IH Pharmacy & Therapeutics Committee has recommended that <u>a recent serum creatinine (SCr) is NOT required before starting Oseltamivir</u>. If CrCl is suspected to be less than 60 ml/min, it is recommended that the primary care provider order a SCr and the Oseltamivir dose may be adjusted after initiating therapy when the laboratory results become available.***

NEW SINGLE-DOSE AUTO-INJECTOR SCHOOL ANAPHYLAXIS PRODUCT
Brenda Marsman RN BScN, CIHS Knowledge Coordinator

School staff are currently trained annually in the use of EpiPen® single-dose auto-injectors. Most school age children are over 30 kg in weight and should be prescribed the 0.3 mg formulation. Younger students may weigh 15-30 kg. Some physicians have indicated a preference for EpiPen® Jr 0.15 mg formulation for these lighter children.

There is a new single does auto-injector epinephrine product on the market, Allerject®. It is voice-activated and is an acceptable alternative to Epi-pen®. Public health is currently updating the anaphylaxis training provided to school staff to include this new product. The website for this Sanofi product is: www.allerject.ca. Allerject® has been available in Canada since spring of 2013 and costs the same or slightly less than Epi-pen®.

- ***Single-dose (one injected dose per device) school anaphylaxis products continue to be the epinephrine auto-injectors of choice for the school setting. The recommended dose of epinephrine for children is 0.01 mg/kg. All high-risk children should have two auto-injectors available in the school setting, should the dose need to be repeated.***

Twinject® auto-injectors, and other multiple dose devices are not supported by the education materials provided to schools. As such, Twinject® should not be recommended for the school setting. Physicians who order Twinject® will be contacted by Public Health requesting that EpiPen® or Allerject® products be substituted in those situations.