

MEDICAL HEALTH OFFICERS UPDATE FOR PHYSICIANS

January 31, 2019

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To view previous MHO UPDATES, go to:

[https://
www.interiorhealth.ca/
AboutUs/Leadership/MHO/
Pages/MHOUpdates.aspx](https://www.interiorhealth.ca/AboutUs/Leadership/MHO/Pages/MHOUpdates.aspx)

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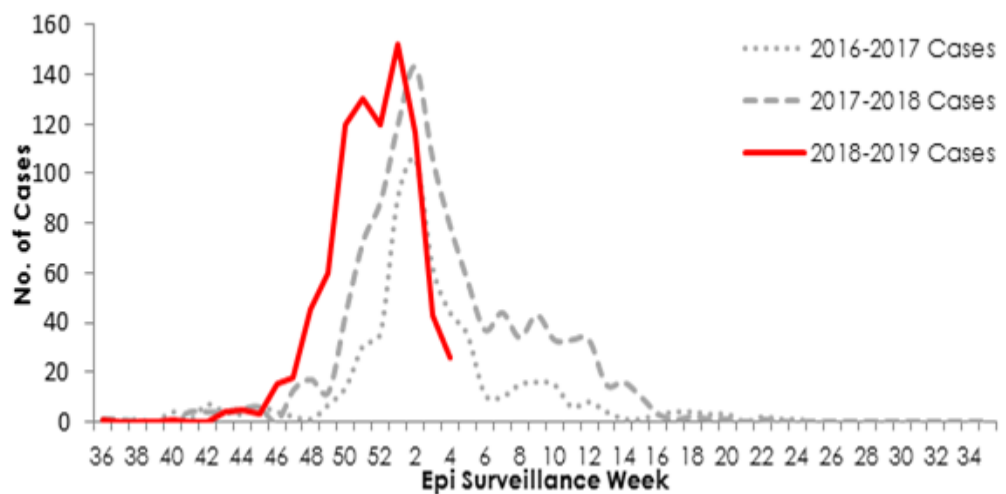
Duty MHO line (24/7)

1-866-457-5648

Influenza Season in Interior Health

As of January 26, 2019 there have been more than 850 positive influenza results across Interior Health. This is an increase as compared to the 2017/ 2018 influenza season to the same date.

This season Interior Health experienced an earlier and steeper incline in influenza activity indicators than other parts of the province. Starting at the beginning of January there has been a significant decrease in the volume of positive influenza reports, indicating a likely peak around the New Year.



Most of the influenza identified in Interior Health this season has been H1N1 (>95%), with minimal H3N2 activity.

Based on past H1N1 influenza dominant seasons there is an expectation that children <10 years of age and non-elderly adults (in particular, those 30+ years) may be more greatly affected than elderly adults this season. The data thus far in the season appear to confirm these expectations.

Flu Vaccinations Still Available

If your patients have not yet been immunized there is still an opportunity for them to get the flu shot.

Patients can find the most convenient influenza clinic by using the clinic finder on the Immunize BC website: <https://immunizebc.ca/clinics/>

Additional Influenza Season Information

The weekly Influenza Surveillance Report from the BC Centre for Disease Control can be accessed here:

<http://www.bccdc.ca/health-professionals/data-reports/communicable-diseases/influenza-surveillance-reports>

For more information about the Interior Health 2018/19 Influenza Campaign check here:

<https://www.interiorhealth.ca/YourHealth/Immunization/SeasonalFluCampaign/Pages/default.aspx>

Measles Outbreak in Washington State

On January 25, 2019 a State of Emergency was declared for the state of Washington related to a community outbreak of measles, primarily in Clark County (South West part of the state, across the Columbia River from Portland, Oregon).

There are currently **no** confirmed cases of measles in Interior Health but we are asking healthcare professionals to be alert for the signs and symptoms of measles.

1. Travellers to the affected communities are at potential risk of exposure to measles. Measles is very infectious and people with measles can infect others prior to the onset of symptoms like fever and rash. Unimmunized individuals and those under one year of age are at highest risk.
2. Encourage your patients to review and update their immunization status, especially prior to any travel. In BC children are offered MMR(V) vaccine at 1 year and 4 years age.
3. Consider measles in at risk individuals presenting with fever and rash.
 - Please have 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.
4. Testing information is provided on the TESTING GUIDE QUICK REFERENCE included in this newsletter. Please alert the lab if sending a potentially infectious case for testing.
5. Report any suspect measles cases to the MHO on call (1-866-457-5648)

Infection prevention and control practices for your office can be found on page 12 of the *Guidelines for Infection Prevention and Control in the Physician Office*: <https://bit.ly/2S3EkqQ>

Measles Vaccinations

Measles vaccinations (MMR(V) Vaccine) are available to susceptible clients through Interior Health Public Health.

Consider as immune to measles those persons who have had any of the following:

- birth date before January 1, 1970 B (January 1, 1957 for health care workers);
- birth date on or after January 1, 1970 (January 1, 1957 for health care workers) AND
- laboratory evidence of measles immunity; or
- documentation of 2 doses of a live measles vaccine at 12 months of age and older and given at least 4 weeks apart.

The eligibility for MMR vaccine for clients 6-12 months of age will be assessed on a case-by-case basis by public health.

TESTING GUIDE QUICK REFERENCE FOR COMMUNICABLE DISEASES

Clinical concern	Testing	Comments
Measles	NP for measles virus	Up to 8d after onset of rash
	Urine for measles virus	Up to 14 d after onset of rash
	Serology (IgM/IgG)	Acute +/- convalescent (in addition to NP and/or urine testing)
parotitis?mumps	Buccal swab for mumps virus	Massage gland and swab near Stenson's duct (opposite 2 nd molar); collect within 5 days of onset of symptoms
	Urine for mumps virus	Collect if presents >5 days up to 14 days after symptom onset
	Serology (IgM/IgG)	Acute and convalescent (IgM has potential for false positive and false negative; need convalescent sample collected 10 to 21 days after first sample)
	Consider: NP for respiratory pathogen panel	Other viruses may cause parotitis; during influenza season, consider testing for respiratory viruses including influenza
HIV	HIV 1 +2 Ab + HIV p24 Ag (Screen)	Refer to Provincial HIV Testing guidelines
Hepatitis B immunity	Anti HBs (anti hepatitis B surface antibody)	Immunity post immunization
Hepatitis B acute or chronic disease	Anti HBs Anti HBc (Anti Hepatitis B core antibody total) HbsAg (hepatitis B surface antigen)	Refer to BCCDC hepatitis B testing guide for health care providers Additional testing as indicated
Pertussis	NP swab for bordetella pertussis	Charcoal medium (wire shaft)
Rubella	NP (or throat) swab for rubella virus	Maximum viral shedding occurs up to 4 days after rash onset, but can be detected up to 2 weeks after
	Urine for rubella	
	Serology (IgM/IgG)	Acute (≤4 days after rash onset) and convalescent specimens (7-14 d later)
Varicella	Skin swab for varicella virus	Lab confirmation should be sought in all suspect cases (clinical diagnosis less reliable now) Unroof blister and swab base of lesion firmly to collect cells)

References:

BCCDC hepatitis B testing guide for health care providers – serologic testing

<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/HBV%20Quick%20Reference%20Guide.pdf>

BCCDC communicable Disease Control Manual

<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/communicable-disease-control>

BCCDC public health laboratory eLab manual

<http://www.elabhandbook.info/PHSA/Test/ManageTests.aspx>

Provincial HIV Testing Guidelines

<http://hivguide.ca/>



You are invited to Be a part of **HIVSTORY** February 25, 2019

Interior Health's (IH) Health Outreach Team is organizing and hosting this exciting event for health care practitioners and others working within sexual health related fields.

Taking it to the next level: Conversations about men's sexual health (PEP and PrEP)

Presenter: Dr. Joss J. de Wet, MBChB CCFP, Spectrum Health, Vancouver
Clinical Associate Professor
Department of Family and Community Medicine, UBC
Chair, St Paul's CME conference for Primary Care Physicians



This one evening educational event is planned to discuss the role of HIV post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) in advancing the effort to eliminate HIV/AIDS. Following the presentation there will be a forum discussion at each site about the science of U=U (Undetectable=Untransmittable) and how to address men's sexual health in your practice.

RSVP by February 20th at Eventbrite for the following locations:

<https://www.eventbrite.com/e/be-part-of-hivstory-tickets-55418816171>

- Cranbrook
- Creston
- Fernie
- Golden
- Invermere
- Kamloops
- Nelson
- Penticton
- Salmon Arm
- Sparwood
- Vernon
- Kimberley

6:00 PST/7:00 MST Dinner

6:30 PST/7:30 MST Live Presentation

7:30 PST/8:30 MST Regional Panel Discussions

Merck and Gilead are providing dinner for the attendees and travel costs for the speaker.

For more information email: ihhealthoutreach@interiorhealth.ca

