

For Your Information

News for Healthcare Providers in Peterborough County and City



HEPATITIS A:

Indications for Post-Exposure Prophylaxis

Peterborough County-City Health Unit is collaborating in an investigation of an outbreak of hepatitis A infections linked to the frozen fruit product: Nature's Touch Organic Berry Cherry Blend, sold exclusively at Costco. The Canadian Food Inspection Agency (CFIA) has issued a food recall warning advising Canadians of the recall of the frozen fruit product and Costco has advised members who purchased the product NOT to consume it and to return it for a refund.

If the product was consumed within the last 14 days post-exposure prophylaxis (PEP) is recommended as follows:

Everyone 1 year of age and over should be offered hepatitis A vaccine as soon as possible (unless contraindicated or fully immunized in the past – see below for definition of fully immunized). It is recommended that monovalent vaccine be used as it has a more robust immune response required for PEP efficacy.

Hepatitis A vaccine is not authorized for children less than 1 year of age. Options for this age group include:

- Off label use of hepatitis A vaccine from 6 months to 1 year of age (See Canadian Immunization Guide, Hepatitis A)
- Immune globulin, particularly if they attend a child care centre
- No intervention except careful attention to hygiene when diapering etc. to prevent fecal oral spread

- ▶ **Individuals with a contraindication to hepatitis A vaccine** (e.g., allergic reaction to hepatitis A vaccine), should be referred to their primary care provider for assessment regarding immune globulin.
- ▶ **For pregnant women**, the vaccine has not been studied in clinical trials, but because the vaccine is prepared from inactivated viruses, no risk to the developing fetus is anticipated. Given that there have been hepatitis A cases associated with the food recall, the benefits likely outweigh the risks and can be recommended to them.
- ▶ **Individuals with chronic liver disease should be:**
 - Offered hepatitis A vaccine if within two weeks of last exposure (unless contraindicated or fully immunized in the past – see below for definition of fully immunized);
 - Serum immune globulin should be considered in addition to the vaccine within three weeks of last exposure for those who have more severe chronic liver disease to ensure more protection. Note that immune globulin can only be obtained and administered in hospitals, but does not need to be provided at the same time as the vaccine. For more information, please call the CD Team at the Peterborough County-City Health Unit, 705-743-1000, ext. 131.
 - Advised to consult their healthcare provider if within six weeks of exposure (i.e., a maximum incubation periods) for monitoring

For those previously vaccinated with hepatitis A vaccine:

- If two previous doses were provided, no additional doses are recommended.
- If one dose was provided less than 6 months ago, no additional doses are recommended until at least 6 months from the last dose.
- If one dose was provided 6 months or more in the past, one additional dose is recommended.
- Typically, hepatitis A is an acute, self-limiting liver infection. Clinical presentation varies with age. Infection is usually asymptomatic in children, and jaundice develops in < 10% of children 6 years and under. Symptoms may start 15 to 50 days after the contaminated food is eaten and usually resolve on their own.

Typically, acute clinical illness is characterized by:

- 1 to 7 day prodrome of abrupt onset fever, malaise, anorexia, nausea and abdominal pain followed by jaundice.
- Dark urine and light-colored stools, as well as pruritus may occur, and an enlarged liver may be seen.
- Extra-hepatic complications may occur.
- It has been reported that between 3% and 20% of cases may experience relapsing disease.
- Fulminant hepatitis and death are rare. There is usually complete recovery without complications or sequelae. Chronic infection is not known to occur.

Testing recommendations:

Serology tests indicating IgM anti-HAV antibodies confirms recent infection. Antibodies are generally detectable in serum 5-10 days after infection and usually decrease to undetectable levels within 6 months after onset of infection. In rare cases, they may persist for longer.

Detection of IgG antibodies signals recovery from acute hepatitis A infection. When IgG antibodies are detected alone they indicate some level of immunity either from past infection or previous immunization. "Total hepatitis A virus antibody" (total IgM and IgG antibody) is not a confirmatory test for acute HAV infection but is used as an initial screening test in some laboratories.

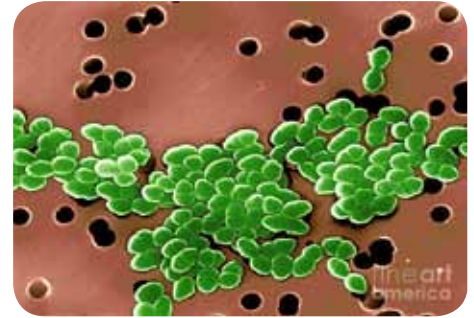
For further information about Hepatitis A IgM and IgG human diagnostic testing, contact the Public Health Ontario Laboratories or refer to the Public Health Ontario Laboratory Services webpage.

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Update on Study of Vancomycin-Resistant Enterococci (VRE) Screening and Isolation Practice

Public Health Ontario (PHO) is currently conducting research on VRE. They hope to provide greater evidence to inform best practices for VRE screening, isolation and control measures. In response to ongoing stakeholder consultations and long-standing interest on the impact of VRE screening and isolation practices, PHO has taken a comprehensive evidence-based approach to these challenging and complex Infection Prevention and Control (IPAC) issues. This update highlights results and progress on the following aspects of their VRE research program:



1. Study on the association between rate of VRE-positive blood cultures and VRE screening and isolation practices:

PHO has recently completed a study to address whether changes in VRE screening and isolation practices are associated with rates of VRE-positive blood cultures in hospitals across the province. The study examined VRE-positive blood culture trends in Ontario from January 2009 to June 2015 using patient safety public reporting data. The major conclusions from this study are:

- Rates of VRE-positive blood cultures have doubled in Ontario between January 2009 and July 2015; and
- Discontinuation of VRE screening was associated with an increased rate of rise of VRE-positive blood cultures; although VRE positive blood cultures have increased in both hospitals that are screening for VRE and hospitals that have discontinued screening for VRE.

The study results are currently being written for publication that hopefully will be available fall 2016.

2. VRE vs Vancomycin-susceptible enterococci (VSE) Systematic review and Meta-analysis:

PHO completed a systematic review and meta-analysis that demonstrates that mortality and length of stay remain significantly worse for patients with VRE bacteremia, compared to patients with bacteremia due to VSE despite advances in antimicrobial therapy for VRE. This study was published November 2015 in *Infection Control Hospital Epidemiology*.

3. Systematic review on VRE screening and cost effectiveness:

PHO is currently developing a protocol to conduct a systematic review on VRE screening and cost-effectiveness. The goal is to bring together all the relevant research that has been published on VRE screening and cost effectiveness to provide a comprehensive evidence-based summary of key findings to further inform IPAC best practices. PHO anticipates that the systematic review will be completed and submitted for publication winter 2016.

4. VRE patient chart reviews in partnership with ICES (Institute for Clinical and Evaluative Sciences):

PHO conducted patient chart reviews at 51 hospitals across the province on 232 patients who had a publicly-reported VRE positive blood culture from January 2009 to December 2013. Chart reviews were completed in October 2015. This study will use a case series and a case control study design to describe the clinical features and outcomes of patients with VRE positive blood cultures, as well as hospital and individual-level predictors of VRE acquisition. PHO is currently in the data analysis phase with preliminary results expected fall 2016.

5. VRE costing study based on patient chart reviews in partnership with ICES:

Planning is underway for a VRE costing study that will link the 232 patients identified in the VRE patient chart review study to ICES healthcare cost/utilization administrative databases. The study would begin winter 2016.

PHO Recommendation

The goal of the VRE program of research is to develop the data which will help inform the best practice guidance for the prevention of VRE. In the meantime PHO recommends that hospitals continue to follow the guidance that was developed by the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC). PIDAC-IPC currently recommends that: All hospitals screen and isolate for VRE in accordance with Annex A – Screening, testing and surveillance for antibiotic-resistant organisms (AROs). Annexed to: Routine Practices and Additional Precautions in All Health Care Settings.

If you have any questions about VRE best practices or our VRE studies, please contact: ipac@oahpp.ca.

Expansion of Human Papillomavirus Vaccine

Beginning in the 2016-2017 school year, Ontario's HPV immunization program is being expanded to include all boys and girls in Grade 7 as part of its routine, school-based HPV immunization program.

Ontario is expanding its publicly-funded HPV immunization program to include boys in order to help protect more youth from HPV infection and related cancers. The immunization of boys is also recommended by expert groups such as the National Advisory Committee on Immunization.



Moving the school-based HPV immunization program from Grade 8 to Grade 7 aligns with expert recommendations to immunize individuals between 9 and 13 years of age as a priority, when the vaccine is most effective. The shift to Grade 7 will help to harmonize with other school-based immunization programs delivered in Grade 7 (i.e. Meningococcal and Hepatitis B); and will bring Ontario more in line with other jurisdictions in Canada that offer publicly funded HPV immunization programs in earlier grades.

Gardasil®, manufactured by Merck Canada continues to be the HPV vaccine used in Ontario's HPV immunization program. Gardasil® has been authorized for use in Canada since 2006 for the prevention of infection caused by HPV types 6, 11, 16 and 18 -related cancers and genital warts.

All healthy individuals who receive their first dose of HPV vaccine before the age of 14 years are eligible to receive this vaccine series according to a 2-dose HPV vaccine schedule. The 2-dose vaccine series can be administered using a 0, 6 months or a 0, 12 months schedule, with the 0, 6 month schedule likely being preferable from a logistical perspective for the school-based immunization program. Immunocompromised and immunocompetent HIV infected individuals, and those who receive their first dose after the age of 14 years should receive three doses of HPV vaccine over a six-month period.

For individuals who do not wish to receive the HPV vaccine during school-based clinics, the HPV vaccine may be administered by a student's health care provider through special release of the vaccine from the health unit using a vaccine order form.

The Ministry of Health and Long-Term Care has developed a fact sheet for parents about the upcoming changes to the school-based HPV immunization program. The fact sheet is available at Ontario.ca/HPV.

For more information, call a Vaccine Preventable Disease Nurse at 705-743-1000, ext. 131.

April is Oral Health Month!

The new Healthy Smiles Ontario (HSO) program launched earlier this year. Children/youth are eligible if they are 17 or under, are residents of Ontario, and meet the income eligibility requirements. Individuals can visit www.ontario.ca and search **dental treatment for kids**, call the Service Ontario INFOline at 1-844-296-6306, or call Peterborough County-City Health Unit (PCCHU) Oral Health staff at 705-748-2230 or text 705-868-5171 for more information.



We now have a 'Healthy Smiles Ontario Toolkit' available for educators – this toolkit includes posters, brochures, postcards, as well as check lists of available services and treatments. Simply call us at 705-743-1000, ext. 273 for a copy.

We have kicked off Oral Health Month by sending our Mobile Dental Health Centre to locations in the county, as getting to the dental office from outside the city can be a challenge for many people. By using the Mobile Dental Health Centre, PCCHU brings barrier-free services such as check-ups, cleaning, fluoride treatments, oral cancer screening, and more, to eligible residents – both adults and youth/children) in rural communities. Over the next few months, the Mobile Dental Health Centre will be visiting different areas in the county where residents tell us there is the biggest need for services. To book an appointment or find out if a family is eligible, residents are asked to call 705-748-2230, or email dental@pcchu.ca. Locations of the Mobile Dental Health Centre stops will be determined based on the requests received.

More ways to stay informed!
Protect yourself with the right health information.
Follow PCCHU on Twitter at www.twitter.com/PCCHU,
see us on Facebook at www.facebook.ca/PCCHU1.



**Website for
Healthcare
Professionals
Supporting
Immigrant and Refugee Children**



**Caring for Kids
New to Canada**

Caring for Kids New to Canada helps health professionals provide quality care to immigrant and refugee children, youth and families. It was developed by the Canadian Paediatric Society with experts in newcomer health. If your practice includes this population, be sure to visit their website at www.kidsnewtocanada.ca.

Health Training For HCPs

TEACH Core Course: An Interprofessional Comprehensive Course on Treating Tobacco Use Disorder

May 9 - 11, 2016
Toronto, ON

This classroom based introductory course will help learners to screen, assess and treat people with tobacco dependence using evidence-base approaches.

Cost: \$150 within Ontario
Contact: 416-535-8501, ext. 31600
Website: www.teachproject.ca
Email: teach@camh.ca

Health Events For Patients

Help Improve Your Child's Listening and Talking Skills

Thursday, May 12, 2016
7:00 p.m. - 9:00 p.m.
McDonnell Activity Centre
577 McDonnell Street, Peterborough

Peterborough Healthy Families is inviting parents and caregivers to a free presentation. Come out and hear Dave Sindrey, Speech-Language Pathologist and Auditory Verbal Therapist, talk about his favourite apps, songs and stories that can be used to promote active listening and talking. There will be opportunity for questions and discussions with Dave following the presentation.

For more information, please call Leisa Baker, Public Health Nurse at 705-743-1000, ext. 312 or visit www.peterboroughhealthyfamilies.ca.

Health Events For Patients

Prenatal Classes for Patients

Our series of five, two-hour classes will prepare you for the challenges of birth, caring for your baby, and becoming a parent. You'll gain confidence as you



explore up-to-date information, practice new skills, share ideas, and connect with other expectant parents in a friendly and supportive environment.

You'll learn about:

- Caring for your newborn
- Breastfeeding your baby
- Your baby's birth
- Comfort measures for labour (Lamaze)
- Medical management of pain and other interventions
- Changes and challenges of becoming parents
- Classes are led by experienced and enthusiastic Registered Nurses who are committed to supporting you with information you can trust to make informed choices for you and your family.

Date: Classes are ongoing on week nights from 7:00 p.m. - 9:00 p.m. They start at the beginning of your third trimester (28-30 weeks). Because classes fill up quickly, register as soon as you know you are going to have a baby, to ensure a spot.

Place: Board Room, Peterborough County-City Health Unit, 10 Hospital Drive Peterborough

Fee: \$50.00. This includes refreshments, the book *Baby's Best Chance* and other resources, as well as free parking for classes and your hospital tour.

Please let us know if the fee would prevent you from attending, as subsidies are available.

To register or for more information, call or email the Peterborough County-City Health Unit 705-743-1000, ext. 254 or 282 or info@pcchu.ca

Hospital Tour: To book a tour of the Peterborough Regional Health Centre's Labour and Delivery area, please call 705-876-5017.