For Your Information

News for Health Care Providers in Peterborough County and City



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Infectious Disease Update

ALERT: Suspend Use of Agriflu and Fluad

Influenza Vaccines Date: October 27, 2012

Agriflu and Fluad are two of the seasonal flu vaccines produced by Novartis that have been pulled from use in several European countries pending further examination. As a precautionary step, Health Canada asked Novartis to suspend distribution of the vaccines in Canada until a full review of the situation is completed. Novartis has agreed. The Public Health Agency of Canada is also recommending that health care professionals in possession of these vaccines refrain from using them until the review is complete.

The Public Health Agency of Canada monitors for adverse events following immunization. To date it has received no reports of serious or unexpected adverse events related to these vaccines.

Health Canada rigorously reviewed Agriflu and Fluad for safety and effectiveness before it was authorized for use in Canada. Clumping of the kind noted in Europe is common in vaccines. Health Canada has previously seen such particles before in other vaccines and has observed no impact on their safety or effectiveness. The Public Health Agency of Canada and Health Canada will continue to work with the company to monitor the safety and effectiveness of the vaccine used here in Canada. Should a safety concern be identified, immediate and appropriate action will be taken.

There is no recommendation, at this time, for re-immunization of patients who have received these vaccines.

The Health Unit will not be using these vaccines at influenza clinics, nor distributing these vaccines until further advised by the Chief Medical Officer of Health.

Keep this vaccine refrigerated between 2°C and 8°C in a paper bag marked: DO NOT USE until further advised by the Health Unit.

If you have questions or require additional influenza vaccine, please call the Health Unit at 705-743-1000, ext. 139.

Annual Influenza Vaccine as a Condition of Employment for Health Care Workers

It is estimated that influenza vaccination rates among health care workers in Ontario remain less than 50-60%.

The Provincial Infectious Diseases Advisory
Committee on Infection Prevention and Control
(PIDAC-IPC) recommends influenza immunization for
health care workers as part of its updated document,
Best Practices for Infection Prevention and Control
Programs in Ontario. The recommendation is based
on the growing body of evidence of reduced
incidence of influenza and associated mortality in
patients and residents when health care workers are
immunized.

In this updated best practice document, PIDAC-IPC recommends that:

Annual influenza vaccination should be a condition of continued employment in, or appointment to, health care organizations.

PIDAC has made this recommendation based on the growing evidence demonstrating reduced incidence of influenza and associated mortality in patients and residents when health care workers are immunized. Many studies show that vaccination of health care workers reduces the risk

workers reduces the risk to patients since health care workers are frequently implicated as the source of influenza in health care settings.

In This Issue:

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HEALTH FOCUS

Annual Influenza Vaccine ...continued

It is recognized that employers will have to pay attention to contractual obligations with their employees and work with bargaining agents on the implementation of this recommendation. We support the influenza vaccination as safe.

Influenza has one of the highest rates of mortality among vaccine-preventable diseases, outpacing all other vaccine-preventable disease combined. A healthy person can die from influenza, never mind a hospitalized patient who is more vulnerable to influenza than members of the general population. On average, the flu and its complications send about 20,000 Canadians to hospital every year, and on average 2,000 to 8,000 Canadians die. Influenza transmission may occur before symptoms are obvious. People don't necessarily know they have it. Once health care workers are symptomatic they should stay home but it may be too late, at that point, to prevent transmission from occurring.

Health care workers should receive their annual influenza immunization to protect themselves and their patients. Health care workers are in close contact with vulnerable patients with weakened immune systems who are unable to fight symptoms of flu with the same tenacity as a healthy person.

It is a patient quality and safety issue akin to hand washing, isolation of infected patients, and the use of personal protective equipment such as gowns, gloves and masks. Patients with weakened immune systems are unable to fight off illness in the same way a healthy person can. Further, illness can spread quickly in a health care setting, from patient to patient, as health care workers move throughout the facility caring for patients.

A mask does not provide the same level of protection against transmission of influenza. Influenza is spread through direct and indirect contact. Direct contact occurs when an individual, infected with influenza, coughs or sneezes and the droplets containing the virus come in contact with an uninfected individual.

Indirect contact occurs when an uninfected individual has contact with items in the environment such as hands or equipment that have been contaminated by the influenza virus. A mask, worn properly, will protect the health care worker from acquiring influenza, but does not stop transmission of the influenza virus that may be carried from patient to patient indirectly through hands or equipment that are not properly cleaned.

A health care provider is any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers, physicians, dentists, nurses, respiratory therapists and other health professionals, personal support workers, clinical instructors, students and home health care workers. In some non-acute settings, volunteers might provide care and would be included as a health care provider. First responders such as paramedics are health care workers and are included in this recommendation.

A health care setting is any location where health care is provided, including settings where emergency care is provided, hospitals, complex continuing care, rehabilitation hospitals, long-term care homes, mental health facilities, outpatient clinics, community health centres and clinics, physician offices, dental offices, offices of allied health professionals and home health care.

PIDAC also recommends that health care workers be vaccinated for:

- tetanus
- diphtheria
- influenza (annually)
- hepatitis B (HBV) (if occupational exposure is a possibility)
- varicella vaccine (if a health care provider is not immune)
- measles/mumps/rubella (MMR)
- cellular pertussis
- other vaccines that might be required in specific situations (e.g., meningococcal)

For questions, call a Vaccine Preventable Disease Program Nurse at 705-743-1000.



HEALTH FOCUS

Increase in Local Gonorrhea Cases

Peterborough County-City Health Unit staff are investigating several local cases of gonorrhea. We have seen a recent increase in the number of cases being diagnosed by local healthcare providers. The majority of these new cases are not MSM (men having sex with men) or other particularly high risk groups but rather heterosexual men and women.

Gonorrhea (GC) is a sexually transmitted infection (STI) caused by the bacteria Neisseria gonorrhea. It is spread through unprotected oral, anal and vaginal sex with an infected partner. It can also be spread from an infected mother to her baby during birth. GC can be found in the anus, eyes, mouth, throat, urinary tract, penis, cervix or vagina. The incubation period is generally 1 to 14 days but can be longer.

Men may experience mucous – like discharge from the

penis, burning or itching around tip of penis, burning pain when passing urine, testicular pain or swelling, rectal pain, discharge or itching, sore throat, discharge from eyes. In men untreated gonorrhea may lead to infertility, chronic inflammation of the testicles, systemic GC infection, Reiter's Syndrome (rashes, sore and joint pain).

In women, the early symptoms of gonorrhea are often mild, and many women who are infected have no symptoms of infection. Even when a woman has symptoms, they can be so non-specific as to be mistaken for a bladder or vaginal infection. In women gonorrhea may spread to the uterus and fallopian tubes (Pelvic Inflammatory Disease), and lead to an increased risk of ectopic pregnancy, infertility, chronic pelvic pain, systemic GC infection, and Reiter's Syndrome (rashes, sores and joint pain). Women with no or mild gonorrhea symptoms are still at risk of developing these serious complications from the infection.

For more information and treatment recommendations http://www.pcchu.ca/for-professionals/health-professionals/

Transfers between Long Term Care Homes (LTCH) & Hospitals during Outbreaks For Transfer of Existing Residents/Patients After consultation with Public Health Unit. Outbreak declared in LTCH Transfer Resident stays resident back in hospital Resident transfer to to LTCH hospital is required REFERENCES: 1. Ministry of Health and Long Term Care. A Guide to the Control of Respiratory Infection Outbreaks in LTCH prepares transfer Long-Term Care Homes, 2004. Ministry of Health and Long Term Care. Control of Gastroenteritis form with Outbreak and Are the following criteria met? Line List status (Reference 1, Page 33) Outbreaks in Long Term Care Homes Outbreak is under control 2011 Resident's attending physician agrees to re-Resident is transferred admit resident based on review of current *Re-admission of residents who have health status to hospital with transfer Adequate staff are available at LTCH to care form not been Line Listed in Outbreak (i.e are not known cases) are generally not for re-admitted resident Treatment permitted during an Outbreak. If If Outbreak is due to influenza, resident is quired, this measure may be altered protected by vaccine and/or anti-viral drug Resident is ready for as the Outbreak comes under control. Appropriate accommodation is available for Changes in this Outbreak control transfer back to LTCH returning resident easure will be made in consultation with the Public Health Unit Resident/substitute decision-maker has given informed consent for return to LTCH (Reference 1, Page 33). Hospital notifies Outbreak facility of discharge readiness Consultation with Public Health Unit and Outbreak Transfer resident facility is required (and Is resident on Outbreak back to LTCH hospital, CCAC, if necessary) Line List? A collaboration between the Central East LHIN, Central East CCAC, Central East LTCHs & Hospitals, Toronto Public Health, Pedeorough CountyCity Health Unit

Haliburton, Kawartha, Pine Ridge District Health Unit Durham Region Health Department

WORTH WATCHING: Health Care Worker Influenza Immunization Presentation

If you missed Public Health Ontario (PHO) Rounds: Health care worker influenza immunization as a condition of service (description and presenter bio's below) because the very popular topic was sold out, presentations are now available at: http://www.oahpp.ca/resources/presentations.html

Description of the presentation: Health care worker influenza immunization as a condition of service. Despite efforts to improve health care worker (HCW) influenza immunization coverage rates through voluntary vaccination strategies,

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WORTH WATCHING ...continued

influenza immunization coverage rates of health care workers (HCWs) in Ontario public hospitals and long-term care homes remain low, leaving vulnerable patients at risk. Increasingly, health care organizations in the United States are making influenza vaccination of HCWs a condition of service. Recently, British Columbia health authorities announced that either influenza immunization or mask use during influenza season will be required as a condition of service for all their HCWs. The speakers will discuss their experiences with developing, implementing and evaluating influenza immunization of HCWs as a condition of service.

Educational Opportunities

Upcoming Events

Tuesday, November 13, 7:00 a.m. - 9:00 a.m.

Health Unit Strategic Plan 2013-17: HCP Focus Group

Local healthcare providers are invited to give input into the strategic directions for public health in our community.

10 Hospital Drive, Board Room

Register by calling 705-743-1000, ext. 330 or email

dgroom@pcchu.ca

Friday, November 30, 8:00 a.m. - 9:00 a.m.

Peterborough Regional Health Centre Grand Rounds

Dr. Ophira Ginsburg and Dr. Sheila Mae Young will be presenting the new Ontario Cervical Screening Program guidelines and the Ontario Breast Screening High Risk Program.

Peterborough Regional Health Centre, 1 Hospital Drive Room 4919 - large classroom on the 4th(main) floor

Wednesday, December 5, 12:00 p.m. - 1:30 p.m.

What's New in Gonococcal Disease: Changes in Screening, Diagnosis and Treatment

Dr. Anna Majury - Regional Microbiologist, Public Health Ontario Dr. Vanessa Allen - Medical Microbiologist, Ontario Agency for Health Protection and Promotion

Peterborough County-City Health Unit

10 Hospital Drive, Boardroom

Space is limited, please register early.

Register by calling Lorraine Brown - 705-743-1000, ext. 260 or email *lbrown@pcchu.ca*

Resources for HCPs

Hold Steady: Tips on Preventing Falls https://www.oma.org/HealthPromotion/falls/Pages/

default.aspx

Resources for Patients

Visit our website **www.pcchu.ca** for information on:

Breastfeeding

Perinatal Mood Disorder

Pertussis (Whooping Cough)

and many other health topics.

Health Events for Patients

Supermarket Tours

Patients can tour your local grocery store with a Registered Dietitian guiding them to the healthiest food choices! Open to everyone in the community who would like to eat healthier to prevent disease and enhance health and well-being. Offered free of charge; limited to 15 participants.

For information and to register, contact the Canadian Diabetes Association, call 705-742-2733 or e-mail diabetes@trytel.net

Prenatal Classes

Classes are ongoing from 7:00 p.m. to 9:00 p.m. (please call for class dates). All classes are held at the Peterborough County-City Health Unit, 10 Hospital Drive, Peterborough. The cost is \$50.00 and subsidies are available. Please let us know if the fee would prevent your patient from attending.

To register, call the Peterborough County-City Health Unit 743-1000, ext. 215 or 282.

Looking for a specific health topic?

Visit the FYI Newsletter archive at www.pcchu.ca

