

For Your Information

A newsletter for health care providers in
Peterborough County and City
Volume 16 Number 02 February 2011



Low Coverage Rates for School-Based Vaccine Clinics

This year, the vaccine coverage rates were lower than previous years for Hep B and Meningitis. Please encourage patients in grade 7 and 8 (females) to take advantage of the offer for these publicly-funded vaccines while they are still eligible. [CONTACT: Anne Elliott]

NEW: Infection Prevention and Control Independent Learning Modules for Physician's Offices

This resource was created by the Central Regional Infection Control Network and is available at <http://www.ricn.on.ca/homes1/php>. For a DVD, email ceicn@ontarioshores.ca. [CONTACT: Joanne Habib @866-552-3426]

Smokers Ready to Quit to be Referred to Healthcare Providers

Beginning in January, smokers who want to quit will be referred to their healthcare providers as individual cessation counselling services provided through the *Choose to be...Smoke Free* program are winding down at the Health Unit. This three-year project funded by Health Canada ends March 31, 2011. Effective January 1, 2011, the Public Health Nurse hired through *Choose to be...Smoke Free* will no longer be accepting new clients but will continue to support current clients until the end of March. The final Quit Smoking Group is scheduled for January 10, 2011 for six consecutive Monday evenings at the Peterborough Public Library. The Health Unit continues to seek new funding to build its capacity to deliver individual cessation counselling services. Funded under the Federal Tobacco Control

Strategy, *Choose to be...Smoke Free* assisted 307 people in their efforts to quit smoking and ran six quit smoking groups, at no cost, since 2008. [CONTACT: Kara Koteles]

Vitamin D Update

A review of vitamin D was conducted by the Institute of Medicine (IOM) on November 30, 2010. This info is available at www.pcchu.ca/vitamind. [CONTACT: Alisia Lee]

Canadian Guidelines on Sexually Transmitted Infections

A hard copy of this document was last published in 2008. Updates and revisions to the guidelines are available at the Public Health Agency of Canada website at: <http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php> [CONTACT: Judy Stanley]

2010-2011 Seasonal Flu Vaccine

Lab-confirmed flu has been reported in Peterborough. Influenza outbreaks in long term care facilities have also been reported. Vaccine is available in health care provider offices and at the Health Unit Immunization Clinic by appointment ONLY. [CONTACT: Cathy Schofield or Zina Allen]

Health Warning: Crack or Powder Cocaine Use

Ontario's emergency room physicians continue to see cases of agranulocytosis, neutropenia and vasculitis related to using cocaine adulterated with levamisole. Individuals across North America (including Peterborough) have developed immune system suppression after using cocaine. Presentations include fever, opportunistic infections, and/or skin

necrosis. In a cocaine user or suspected cocaine user, any symptoms of rapidly developing infection, including fevers, warrant an urgent CBC and differential to look for neutropenia. Please report any cases in Peterborough to the Medical Officer of Health, Dr. Rosana Pellizzari at 705-743-1000 or rpellizzari@pcchu.ca. For more information, visit:

- Annals of Internal Medicine: Bilateral necrosis of earlobes and cheeks <http://www.annals.org/content/152/11/758.extract>
- CMAJ - Cocaine adulterant linked to neutropenia: <http://bit.ly/59eSmm> [CONTACT: Suzanne Galloway]

Reduced Supply of Td-IPV Vaccine

Ontario has a limited quantity of Td-IPV vaccine June 2011. IPV can be given alone if Td vaccine is not required. Administer Td-IPV to:

1. Travellers to polio-endemic or polio outbreak destinations (However, those ≥ 18 years, who have had one dose, do not require another dose for travelling.)
2. Workers in refugee camps, if their last polio dose was ≥ 10 years ago

NOTE: Children ≥ 7 years who missed the DPTP vaccine at 4 to 6 years should be offered Tdap (Adacel) + IPV (2 separate injections). Adolescents, who are due for their 14-16 year booster, should receive Tdap (Adacel), NOT Td-IPV. Adults should be offered Td vaccine every 10 years. Fact Sheet: http://www.health.gov.on.ca/english/providers/pub/pub_menus/pub_imm_un.html. [CONTACT: Jan Self, Marilyn Mitchell, Nicole Dunlop or Sarah McBride]

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Pevnar Vaccine

Pevnar13[®], the newest pneumococcal conjugate vaccine is indicated for the active immunization against *Streptococcus pneumoniae* serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, and 23F. These serotypes are responsible for causing invasive pneumococcal disease (IPD) (including sepsis, meningitis, bacteraemic pneumonia, pleural empyema, and bacteraemia). The vaccine provides protection against 6 additional serotypes than in Pevnar[®] (7-valent) (4, 6B, 9V, 14, 18C, 19F, 23F) and 3 additional serotypes than the coverage provided in Synflorix[™] (1, 5, 7F).

Pevnar13[®] is approved by Health Canada for infants and children from 6 weeks to <6 years of age. In Ontario, it is currently publicly funded for eligible infants and children. For eligibility information, refer to the information on the Ministry of Health and Long Term Care (MOHLTC) website at:

http://www.health.gov.on.ca/english/providers/pub/immun/pdf/prevnar_fs.pdf.

Refer to the vaccine product monograph to find more information about the vaccine such as common side effects, contraindications, storage recommendations, and where to inject the vaccine.

Surveillance has identified an increase in the incidence of IPD due to serotype 19A, most notably in children one to two years of age. This serotype has been responsible for drug resistant disease. The MOHLTC wants to ensure the best and most appropriate vaccine is available to protect Ontario infants and children through the publicly funded program. IPD became reportable in Ontario in 2002. From 2004 to 2008 an average of 987 cases were reported each year. In 2009,

1212 cases were reported in Ontario, up from 1065 cases in 2008. This increase in cases may be due in part to changes to the case definition starting in 2009. In the past 2 years, 2.2% of IPD cases have died. Ninety distinct capsular serotypes have been identified worldwide, however, only a few serotypes produce the majority of invasive disease. In young children, studies have shown serotypes/groups 6 (A, B), 14, 18 (C), 19 (A, F) and 23 (F) are more common. Of the 1212 cases reported in 2009 in Ontario, serotype results were available for 64%. Serotype 19A was the most frequently reported serotype across all age groups (<2 years, 2-4 years, 5-64 years, 65+). Data from the Toronto Invasive Bacterial Diseases Network indicated cases of serotype 6B and 14 decreased for children less than two years old after the introduction of the pneumococcal conjugate vaccine in January 2005; however, since 2004 cases of the non-vaccine strain 19A emerged, although the overall incidence of IPD was lower than the pre-vaccine period. Ontario serotype data for 2008 and 2009 shows that there was an increase in reporting of serotypes 19A, 3 and 7F in the one to four year olds, with the greatest increase in one and two year olds.

When completing the yellow immunization record for the 'pneumo conjugate' vaccine, write Pevnar[®]13' under the 'Vaccine brand name' column.

For more information call Vaccine Preventable Disease Nurses at (705)743-1000.