

Public Health Update from Southwestern Public Health



For Health Care Providers in Oxford County, Elgin County, and the City of St. Thomas

May 31, 2023

An Update from Dr. Ninh Tran, Medical Officer of Health at Southwestern Public Health

Public Health: What You Need to Know

INCREASED INVASIVE GROUP A STREPTOCOCCAL DISEASE

- The Ministry of Health has informed health units of an increase in invasive iGAS trends in Ontario. Here is advice and guidance for health care providers:
 - Provide prompt assessment and treatment as appropriate for patients with symptoms of non-invasive GAS. Note that GAS infections are generally considered non-infectious after 24 hours of appropriate treatment.
 - Be alert to potential complications of GAS infections and consider iGAS as a possible cause of severe illness, particularly in those who may be at increased risk. This includes infants and young children, people who are pregnant or postpartum, older adults, immunocompromised people, those with recent viral infections (e.g., chickenpox).
 - If iGAS is suspected, obtain appropriate specimens for routine bacterial culture or DNA detection by nucleic acid amplification testing.
 - Clinical management of severe iGAS involves supportive treatment, antimicrobials, and measures to minimize or neutralize the effects of toxin production. Early diagnosis and aggressive treatment can be critical. Consultation with an infectious diseases physician should be considered for the management of patients with suspected iGAS.
 - Educate patients and parents/guardians on the signs and symptoms of serious bacterial infections, and when to seek urgent medical care.
 - Support patients in keeping up to date with routine immunizations, in particular varicella, and offer influenza vaccination for eligible patients.
 - Notify public health promptly about iGAS cases and clusters.

LYME DISEASE: UPDATED RISK MAP AND TESTING

- Updated: [2023 Lyme Disease Risk Map for Ontario](#). A new risk area was identified in Middlesex London. This risk area extends into Oxford and Elgin.
- Updated: [Lyme Disease Serology](#)
 - As of April 1, 2023, Public Health Ontario's laboratory offers [Modified Two-Tier Testing](#) (MTTT). Initial screening (Tier 1) is done by IgG/IgM enzyme-linked immunosorbent assay (ELISA) using a whole cell lysate.
 - Tier 1 reactive or indeterminate specimens are further tested (Tier 2) on a second IgG/IgM ELISA targeting specifically VlsE1 and pepC10 antigens.

Southwestern Public Health
www.swpublichealth.ca
1-800-922-0096



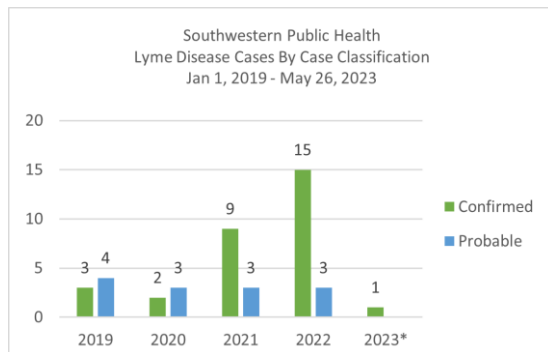
- Immuno Blot assay for Lyme serology is no longer being offered at PHO's laboratory.
- Updated: [Clinical Guidance Document: Management of Tick Bites and Investigation of Early Localized Lyme Disease](#)
 - Updated lab testing information and antibiotic treatment recommendations based on best available evidence.
- New! [Assessment and Prescribing Algorithm for Pharmacists: Antibiotic Prophylaxis to Prevent Lyme Disease following a Tick Bite](#)

LYME DISEASE: POST-EXPOSURE PROPHYLAXIS

- Based on the best available evidence, post-exposure prophylaxis can be considered if these four criteria are met:
 - The tick was attached > 24 hours.
 - The tick was removed within the past 72 hours.
 - The tick was acquired in a risk or endemic area. Refer to [2023 Lyme Disease Risk Map](#).
 - Doxycycline is not contraindicated.
- If all the above criteria are met:
 - A single prophylactic dose of doxycycline may be given to adults (200mg) and children (for children under 45kg, 4 mg/kg to a maximum dose of 200 mg). Recent research suggests a single dose of doxycycline is safe for pregnant women.
 - If doxycycline is contraindicated, do not offer an alternative antibiotic. Antibiotics other than doxycycline have not been proven effective.
 - As post-exposure prophylaxis is not 100% effective, patients should be monitored for the development of signs and symptoms for 30 days.

LYME DISEASE: CASES AND REPORTING

- To report a suspected or confirmed case, call Southwestern Public Health at 1-800-922-0096 ext. 1232 (Elgin St. Thomas) or ext. 3500 (Oxford) or fax a [Lyme Disease notification form](#) to 519-631-1682.
- The number of confirmed Lyme disease cases in the SWPH region has increased annually.



*Data for 2023 is incomplete and only includes cases reported between January 1-May 26, 2023.

LYME DISEASE: OTHER RESOURCES

- [Summary: Tick Species in Ontario, May 2023](#) – Explore the tick species reported from Ontario in the last 120 years, with information on their distribution, establishment status and medical and veterinary importance.
- [eTick](#) – Online tick identification tool
- [Lyme Disease Prevention & Risks](#)
- [Ticks and Early Lyme Disease: Information for Patients](#)

PERTUSSIS: SITUATIONAL UPDATE

- Since July 1, 2022, 120 pertussis cases have been reported to Southwestern Public Health.
- Of the 120 cases, 79% (95/120) are 6 years of age and under.
- Nearly 25% of cases (29/120) are under the age of 12 months.
- 9% of cases (11/120) required hospitalization. Of the hospitalized cases, 100% (11/11) were unvaccinated and all were under the age of 1½ years.
- Vaccination status of cases: 79% unvaccinated; 9% unknown; 8% partially; and 4% up to date with pertussis vaccinations.

PERTUSSIS: CASE MANAGEMENT AND REPORTING

- To report a suspected or confirmed case, call Southwestern Public Health at 1-800-922-0096 ext. 1232 (Elgin St. Thomas) or ext. 3500 (Oxford) or fax a [notification form](#) to 519-631-1682.
- Refer to Southwestern Public Health's Updates, Advisories and Alerts: [January 18, 2023](#), [December 9, 2022](#) and [August 2022](#). Click [here](#) to subscribe.

PERTUSSIS: PREVENTION AND PROPHYLAXIS

- Encourage patients to stay up-to date with the [Ontario Vaccination Schedule](#).
 - Periods of increased pertussis activity provide an opportunity to update the vaccination status of patients and encourage those who are not vaccinated to receive the vaccine.
- Offer post-exposure prophylaxis to:
 - **Household contacts of cases** (including attendees at family day care centres) where there is an infant < 1 year of age (immunized or not) or a pregnant individual in the 3rd trimester.
 - **Non-household contacts of cases** if they are an infant < 1 year of age (immunized or not) or pregnant in their third trimester AND they had face-to-face exposure and/or shared confined air with the pertussis case for 1 hour or more.
- For more information, refer to the [Ministry of Health Infectious Disease Protocol Appx 1, p. 7-8](#).