



Public Health Update – September 2018

Please circulate this notice to your staff

NEW: Effective October 15, 2018 Southwestern Public Health in St. Thomas will no longer offer TB Skin Tests to students, employees, or volunteers

The health unit will continue to screen high risk groups including patients with known contact with a case of active TB; travellers and newcomers from countries with a high incidence of TB; and, patients with medical and/or behavioral risk factors for progression to active TB, such as homelessness, injection drug use, and immune-suppression.

Please consider ordering Tubersol® from the manufacturer for use in staff & volunteers

- For information about ordering Tubersol® visit www.sanofipasteur.ca/node/17902

Publicly-funded Tubersol® can be ordered from the health unit for individuals who:

1. Are students and require the test for admission or continuation in an educational institution such as a day care or pre-school program, or a program of study in a school, community college, university or other educational institution;
2. Have had contact with an active TB case;
3. Require the test for medical reasons;
4. Require the test for admission into a Long-Term Care Home (LTCH) -AND- are <65 years of age (Note: screening for LTBI is not recommended for LTCH residents >65 years of age)

- For additional information on the use of publicly-funded Tubersol® please refer to the [OHIP INFObulletin](#) (#4692).

To order Tubersol® from SWPH, visit <https://bit.ly/2o6kLfN>

Tubersol® Quick Facts

- Tubersol® is only available in multidose vials (10 doses/vial). Vials should be marked with the date opened and discarded according to the manufacturer instructions. For more information, click here: [Guidance on the use of multidose vials](#)

Reporting Positive TB Skin Tests

Call or fax positive TB skin test results to Southwestern Public Health at phone 519-631-9900 ext. 1232 or fax 519-631-1682, Monday to Friday 8:30 am – 4:30 pm.

Reporting form is available online at <https://bit.ly/2wmPglu>

Additional TB Skin Testing Options for Students, Employees and Volunteers

CarePartners

- Address: 107 Edward Street, St. Thomas
- Phone number: 1-800-443-4615 extension 3200.
- Cost: \$20/test for students and \$40/test for individuals who need the test for employment and/or volunteer purposes.

Bayshore Home Health

- Address: 595 Bradley Ave., 2nd Floor, London, ON
- Phone number: 519-680-0849
- Cost: call for details.

Fanshawe Student Health Services (for Fanshawe students):

- Location: Fowler Kennedy Clinic, Student Centre, Room 1001 Fanshawe College, London, ON
- Phone number: 519-452-4230
- Cost: call for details.

Physician Offices and Walk-In Clinics

- Some family doctor's offices and walk-in clinics may provide this service, call ahead.

2018-19 Universal Influenza Immunization Program (UIIP)

You are a trusted source of vaccine information

More than half of flu vaccines are administered by physicians. Every year, you make a difference by positively influencing your patients to get vaccinated. Click here for [tips on addressing vaccine hesitant patients](#).

Publicly-Funded Vaccine

We are expecting changes to the publicly funded flu vaccines available for the 2018-2019 season. Stay tuned for more information. As in previous years, flu vaccine will be made available to you for the immunization of high risk patients as soon as the vaccine becomes available.

Persons at Risk

Individuals with Neurologic or Neurodevelopment Conditions

The findings of an updated review of the literature are consistent with the preliminary evidence indicating that children and adults with neurologic and neurodevelopmental conditions are groups at

risk for influenza-related complications and hospitalization. Therefore, based upon current evidence and expert opinion, NACI reaffirms its recommendation that children and adults with neurologic and neurodevelopmental conditions are groups for whom influenza immunization is particularly recommended.

High-Dose Influenza Vaccines in Persons 65 Years of Age and Older

NACI recommends that high-dose TIV should be offered over standard-dose TIV to persons 65 years of age and older. NACI concludes that, given the burden of disease associated with influenza A(H3N2) and the good evidence of better efficacy compared to standard-dose TIV in this age group, high-dose TIV should be offered over standard-dose TIV to persons 65 years of age and older. For more information see [NACI Statement on Influenza Immunization for the 2018-2019 Season](#)

Vaccine Ordering & Distribution

Each year, the program changes to respond to changing evidence and product availability. This fall we expect changes to the vaccine products available. We also expect we will not receive all vaccines at the same time. To provide vaccines to you and your patients as early as possible, we will continue with vaccine distribution as we did last season, and as outlined below:

- ✓ There is no need to place an order in advance of the flu season.
- ✓ A ‘start-up supply’ of influenza vaccine will be provided to you in late-September or early-October, as soon as supplies become available. Additional updates will follow to confirm vaccine availability and pick-up dates.
- ✓ Vaccine distribution timing depends on batch arrivals. We will distribute vaccine to you as soon as it is received, to be used initially for highest risk patients (children 6 months to 5 years of age, seniors, patients with underlying medical conditions etc.).
- ✓ The quantity of vaccine you receive in your ‘start-up supply’ will be based on available vaccine supply and your utilization in past seasons.
- ✓ If you expect to use significantly more or less vaccine than last year, **let us know.**
- ✓ After you receive your ‘start-up supply’, you will be able to place regular orders with Southwestern Public Health, based on vaccine demand in your office.
- ✓ The influenza vaccine order form for additional orders will be sent to you shortly. Order vaccine based on the **actual demand in your office** rather than use in prior seasons.

2018-2019 publicly funded influenza vaccine eligibility for specific age groups:

Age Group	QIV	Q-LAIV	High-Dose TIV
	Flulaval® Tetra or Fluzone® Quadrivalent	FluMist®	Fluzone® High-Dose
6 to 23 months	X		
2 to 17 years	X	X	
18 to 64 years	X		
≥ 65 years	X		X

QIV – Quadrivalent Influenza Vaccine Q-LAIV – Quadrivalent Live Attenuated Influenza Vaccine TIV – Trivalent Influenza Vaccine

Cyclosporiasis

Current Situation

Ontario is experiencing an increase in the number of *Cyclospora* infections. There have been 36 locally-acquired cyclosporiasis cases reported in the province between April 1 and July 12, 2018. We are requesting your assistance in helping with **prompt diagnosis** of infected patients. Testing for *Cyclospora* will support prompt **treatment of patients** to lessen duration of symptoms, as well as **assist with identifying the source of illness**.

- **Diagnosis:** *Cyclospora* infection can be [diagnosed](#) by a stool ova and parasite (O&P) examination.
If patients present with cyclosporiasis-compatible symptoms between now and the end of summer, please request testing for stool parasites on the Public Health Ontario Laboratory General Test Requisition form and specify the request is to test for *Cyclospora*.
- **Treatment:** [First-line treatment](#) is trimethoprim-sulfamethoxazole (TMP-SMX).

What is Cyclosporiasis?

Cyclosporiasis is a gastrointestinal illness caused by infection with the parasite *Cyclospora cayetanensis*. It is commonly characterized by frequent watery diarrhea, as well as other symptoms such as anorexia, fatigue, abdominal cramps, nausea, and myalgia. Left untreated, symptoms typically last 6 to 7 weeks and can wax and wane in intensity. Symptoms typically improve within 2 to 3 days of starting TMP-SMX, the first-line treatment for cyclosporiasis.

How is *Cyclospora* infection acquired?

People are infected by ingesting food or water contaminated with the parasite. *Cyclospora* is not endemic in Canada. Most reported cases in Ontario are infected when visiting an endemic country (e.g., in the Caribbean, South and Central America, South and South East Asia). When cases occur in individuals who did not travel (as is currently occurring in Ontario), an investigation is launched to determine potential sources of *Cyclospora* in imported foods. Most outbreaks in Ontario occur in the spring and summer and locally-acquired infections are likely due to fresh produce such as berries or herbs that are imported from *Cyclospora* endemic countries. The infection is unlikely to spread from person to person.

Additional Resources on Cyclosporiasis:

- For more details on *Cyclospora* infection, see: <https://www.canada.ca/en/public-health/services/diseases/cyclosporiasis-cyclospora/health-professionals-cyclosporiasis-cyclospora.html>
- For more information on cyclosporiasis in Ontario, including links to testing information, see: <http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/IDLandingPages/Cyclosporiasis.aspx>

Latent TB Infection (LTBI) - early treatment eliminates later active TB



Between January 1, 2015 and July 31, 2018, there were seventy-nine positive TB skin tests in Elgin St. Thomas. These numbers are higher than they used to be (e.g. prior to 2015) and may represent a new trend in our area. Less than 25% of these patients were prescribed treatment for LTBI by their health care provider. This is not ideal because early treatment of LTBI eliminates the possibility of active TB, particularly in the first 2 years after exposure and at the end of life when treatment is not well-tolerated. Of the 13 LTBI clients that started treatment, 92% (12/13) completed treatment with no adverse effects.

Consider IGRA for low risk individuals or history of multiple BCG vaccinations

In some settings, low-risk individuals might get tested for LTBI. In such situations, it may be helpful to rule out a false-positive TB skin test result by performing an [interferon-gamma release assay](#) (IGRA). This strategy will improve the overall specificity of the testing process in low-risk individuals and may also be cost-effective. For patients with a [low pre-test probability](#) for LTBI as well as patients with a history of [multiple BCG](#) vaccinations, please consider ordering an IGRA. IGRA testing is available at Gamma Dynacare, 230 Victoria Street in London for a fee (not covered by OHIP).

What's New? 4 Months of Rifampin as effective as 9 months of Isoniazid

A recent publication in the New England Journal of Medicine (Dr. Dick Menzies, McGill University) provides efficacy data for a large trial comparing 4 months of rifampin to 9 months of isoniazid for LTBI treatment. The study found the same effectiveness but much better completion rates and safety for rifampin.

For the complete publication, click on the links below:

- [Four Months of Rifampin or Nine Months of Isoniazid for Latent Tuberculosis in Adults](#)
- [Safety and Side Effects of Rifampin versus Isoniazid in Children](#)