



Communiqué

New Vaccine in Canada



MENACTRA™, the first and only quadrivalent conjugate meningococcal vaccine, is now available in Canada. It is a sterile vaccine that contains 4 µg each of *Neisseria meningitidis* serogroups A, C, Y and W-135 capsular polysaccharide antigens individually conjugated to a total of 48µg of a diphtheria toxoid protein carrier. Vial presentations of MENACTRA™ contain latex in the stopper. MENACTRA™ is preservative-free. No adjuvant is added. Sodium chloride, sodium phosphate and water are also used in the composition.

Indications:

- Invasive meningococcal disease (IMD) is a serious, vaccine-preventable disease that often strikes young children and adolescents. IMD is fatal in approximately 10% of cases. In fatal cases, death commonly occurs within 24-48 hours of onset of symptoms. Up to one in five survivors will suffer permanent sequelae, including hearing loss, neurological damage, seizures, paralysis and limb amputation.
- MENACTRA™, a trademark of Sanofi Pasteur Limited, is indicated for individuals two to 55 years of age to provide active immunization against all four vaccine-preventable IMD serogroups of *Neisseria meningitidis* (A, C, Y and W-135).
- No vaccine is available for protection against serogroup B.
- MENACTRA™ should be considered for use 10 to 14 days prior to splenectomy.
- MENACTRA™ can be given to, and is well tolerated by, children previously vaccinated with a monovalent meningococcal C vaccine (Menjugate, NeisVac C).

Contraindications:

- Vaccination should be postponed when fever or acute illness is present.
- Known hypersensitivity to any component of the vaccine or a previous history of Guillain-Barré Syndrome (GBS) is a contraindication to administration of the vaccine.
- The vial presentation of this vaccine has a latex rubber stopper therefore should not be given to an individual with a latex allergy. The syringe presentation of this vaccine contains no latex.
- The diphtheria component of MENACTRA™ does not substitute for immunization against diphtheria.

Considerations:

- Benefit/ risk assessment should be done for persons with haemophilia, thrombocytopenia and other bleeding disorders and the vaccine given only when the benefit exceeds the risk.
- Benefit/risk assessment should be done for pregnant women and nursing mothers and the vaccine given only when the benefit exceeds the risk.
- Persons with immunodeficiency, either by therapy or disease, may not elicit as great an immune response as expected. However no data is available on this response.

Adverse reactions:

- The most common adverse reactions reported in children two to 10 years old are pain at the injection site, drowsiness, irritability and diarrhoea.
- The most common adverse reactions reported in adolescents and adults were pain at the injection site, headache and fatigue.

Dosage and administration:

- MENACTRA™ is administered as one dose (0.5 ml) IM in the deltoid region. A booster dose is not required at this time.

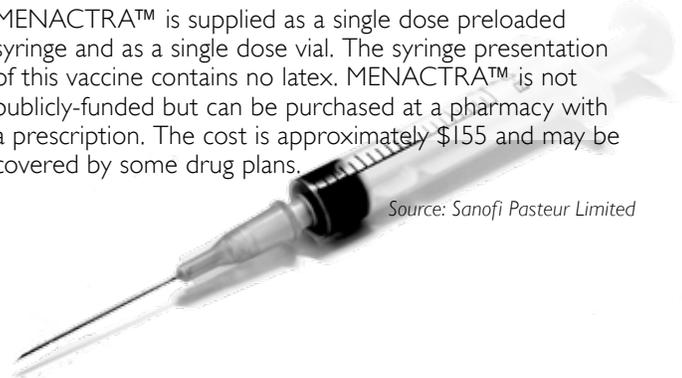
Storage:

- Store at 2° to 8°C. DO NOT FREEZE. Do not use after the expiration date on the label. Protect from light.

Supplied:

- MENACTRA™ is supplied as a single dose preloaded syringe and as a single dose vial. The syringe presentation of this vaccine contains no latex. MENACTRA™ is not publicly-funded but can be purchased at a pharmacy with a prescription. The cost is approximately \$155 and may be covered by some drug plans.

Source: Sanofi Pasteur Limited





If you are travelling internationally you should be aware that both natural and man-made conditions in other countries may be significantly different from those in Canada and may seriously affect health and personal security during travel.

Travel News

The Public Health Agency of Canada is monitoring an outbreak of malaria in Kingston and St. Andrew Corporation, Jamaica. Malaria is not endemic to Jamaica. However like other countries in Central America and the Caribbean, Jamaica can be susceptible to outbreaks. Two important measures can help prevent malaria infection: avoiding mosquito bites and using effective anti-malarial medications.

1. Personal protective measures to prevent mosquito bites between dusk and dawn:

- Stay in an insect-proof area, e.g., one with screens in good repair and doors that close tightly.
- Use physical barriers such as long-sleeved shirts and long pants.
- Sleep under a mosquito net that has been treated with insecticide (e.g., permethrin).
- Use a repellent such as DEET. DEET is the most effective of the currently available repellents and when used as directed has an excellent safety record.

2. Antimalarial medication:

- Chloroquine is the malaria drug of choice for Jamaica. However atovaquone/proguanil (malarone), doxycycline and mefloquine are equally as effective as chloroquine and readily available. Any antimalarial should be taken before during and after travel. Travellers must be reminded to complete their prescribed regimen of prophylaxis on their return. Except for atovaquone/proguanil, which must be taken for one week after returning from a malaria endemic area, chloroquine, doxycycline and mefloquine must be taken for four weeks after returning from a malaria-endemic area.
- Remind travellers to an area where malaria occurs, whether or not they have taken antimalarial medication, to report any fever immediately for follow-up to rule out malaria.

Malaria is endemic in most of sub-Saharan Africa; in large areas of the Middle East, South East Asia, Oceania, Haiti, Central and South America; and in parts of Mexico, North Africa and the Dominican Republic.

Source: Public Health Agency of Canada
CCDR Volume 30SI June, 2004

Protecting Travellers Helps Protect the Community

International travel for business and pleasure can threaten the health of any unprepared traveller because many people can be unaware of the health risks associated with their plans. Obtaining health advice and the recommended vaccinations in advance of travel, and practicing protective behaviours while travelling, are important. Travellers can be at risk of undefined gastrointestinal illnesses, serious diseases such as hepatitis A, malaria, dengue fever, rabies, tuberculosis and even measles. On their return, travellers may also expose others to serious diseases acquired while away.

All travellers, including those with North American and Western European destinations, should be advised to seek travel-health advice well before departure. Travel-health advice should be based on an individual's itinerary and health status. There are a number of travel-health clinics that can be accessed by residents of Haldimand-Norfolk, the closest being located in Ancaster, Hamilton and London. Reliable online sources for travel advice are the Public Health Agency of Canada at www.phac-aspc.gc.ca and the Centres for Disease Control and Prevention at www.cdc.gov.

Addresses and phone numbers of travel clinics can be accessed on the Public Health Agency of Canada website or by calling the Haldimand-Norfolk Health Unit at the number below.

Source: "Health Notes for Professionals," Halton Region Health Unit

Communique is a newsletter distributed by the Haldimand-Norfolk Health Unit for those who work in the area of Vaccines and Vaccine Preventable Diseases. If you have ideas or suggestions of topics for future Communiqués, please contact



Joan Beckett R.N., - Clinical Services Team, Vaccine Preventable Diseases at Haldimand-Norfolk Health Unit – Simcoe office
519-426-6170 Ext 3222 or toll-free from Haldimand 905-318-6623 Ext 3222.



Simcoe

P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623 (free from 905)

Caledonia

282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367

Web: www.hnhu.org
Email: info@hnhu.org