HALDIMAND-NORFOLK HEALTH UNIT

HEALTHINFO

SPRING 2010

Communiqué

Enhanced Meningococcal Vaccine Program for Grade Seven Students

The Ministry of Health and Long Term Care is providing broader protection against invasive meningococcal disease (IMD) by replacing the Men-C (monovalent) vaccine with the quadrivalent meningococcal (Men-C-ACWY) vaccine for the grade 7 school-based immunization program. In September 2004, Ontario introduced a publicly funded conjugate meningococcal C Immunization program for one year olds. This program was expanded in January 2005 to include a catch up program for unimmunized grade 7 students through a school-based program, adolescents 15 to 19-years of age and high risk individuals.

The Men-C-ACWY vaccine currently approved for use in Canada is Menactra®. It is a protein-polysaccharide conjugate vaccine intended for the prevention of meningitis and/or septicaemia resulting from infection from serogroups A, C, Y, W-135 Neisseria meningitides. Men-C-ACWY vaccine is only publicly funded for grade 7 students attending school in Ontario, and high risk individuals between two and 55 years of age. High risk individuals include those with the following conditions: anatomic or functional asplenia, terminal complement deficiencies such as properdin or factor D deficiency, or cochlear implant recipients (pre-post implant).

The school-based program will remain voluntary and continue to be administered by public health nurses in scheduled school clinics. Under special circumstances the health unit may release the vaccine to family physicians or other health care providers for administration to eligible students and high risk persons. Immunization providers can contact the Haldimand-Norfolk Health Unit to arrange for release of the vaccine

The Men-C-ACWY vaccine is only publicly funded for grade 7 students beginning in the 2009-10 school year and forward; youth born in or after 1997 who miss receiving the vaccine in grade 7 remain perpetually eligible for Men-C-ACWY vaccine. They can access the vaccine at a monthly health unit clinic. Unimmunized students who were in grade 7 from 2005 to 2008 and missed receiving Men-C vaccine will remain eligible to receive the monovalent vaccine, either Menjugate® or NeisVac-C®. These students may access the vaccine through a monthly health unit clinic or their family physician.

The recommendation and eligibility for routine infant immunization remains the same for meningococcal vaccine; one dose of meningococcal C conjugate vaccine, either Menjugate® or NeisVac-C® given at 12 months of age.

Dosage: For persons two years of age and over, a single dose 0.5mL of Menactra® is given intramuscularly (I.M.) each dose contains

CONTINUED ON PAGE 2

Thinking of Relocating Your Office?

If you are keeping your present vaccine fridge but plan to move it to a different location, call the health unit first. It is important to ensure stable, twice daily, cold chain temperatures (2°C to 8°C) for three days before replacing publicly funded vaccine in a fridge that previously maintained stable temperatures.

CONTINUED FROM PAGE 1

meningococcal A, C, Y, and W-135 polysacharides conjugated to diphtheria toxoid protein carrier.

Who should not receive the Men-C-ACWY (Menactra®) vaccine?

- Persons who have known anaphylactic reaction to the following components of the vaccine: diphtheria toxoid. Latex (NOTE: Latex may be used in the rubber stopper of vials. Pre-filled syringes do not contain latex).
- Persons with a previous allergic or other serious reaction to a meningococcal – containing vaccine.
- Persons with a history of Guillain-Barre Syndrome (GBS).
- Adults who have been vaccinated within the last six months with another Neisseria meningitides polysaccharide vaccine (refer to specific minimum intervals for re-immunization in product monograph for children six years of age or younger).
- Persons who have been vaccinated within the last month with another Neisseria meningitides conjugated vaccine.
- Children less than two years of age

Persons on high dose corticosteroids or immunosuppressive agents, or who have ummunosuppressive illness should delay vaccination until condition/treatment has resolved wherever possible (please refer to the Canadian Immunization Guide, 2006 for more information on immunization of immunocompromised persons).

Persons who are pregnant or breastfeeding should consult with their health care provider.

Sources:
Ministry of Health and Long-Term Care, Enhanced Meningococcal Vaccine Program For Grade 7 Students; Questions and Answers for Health Units, June 2009, Questions and Answers for Health Care Providers, June 2009.

Ministry of Health and Long-Term Care, Infectious Diseases Branch, Reporting Adverse Events Following Immunization: Grade 7 Quadrivalent Meningococcal Conjugate Vaccine Program, June 2009.

High Risk Meningococcal Immunization Program

Routine immunization with meningococcal vaccine is recommended for certain groups at increased risk of meningococcal disease.

Eligibility Criteria for Conjugate Vaccine

All persons between the ages of two to fifty-five years who have one or more of the following medical conditions are eligible to receive quadrivalent, Men-C-ACWY, conjugate, Menactra®, vaccine:

- Those with functional or anatomic asplenia (this and other indicated vaccines should be given at least 10 to 14 days before splenectomy).
- Those with complement, properdin or factor D deficiency.
- Those who are cochlear implant recipients (pre/post implant).

NOTE: High risk children between two and ten years of age should also receive a dose of Men-C vaccine, if not previously vaccinated. An interval of one month between Men-C and Men-C-ACWY vaccines is recommended.

Eligibility Criteria for Polysaccharide Vaccine

All persons older than fifty-five years, who have one or more of the following medical conditions, are eligible to receive Men-P-ACWY (Menomune®) vaccine:

- Those with functional or anatomic asplenia.
- Those with complement, properdin or factor D deficiency.
- Those who are cochlear implant recipients (pre/post implant).

Health care providers wishing to order vaccine for high risk patients should contact the Haldimand-Norfolk Health Unit. The following information is required:

- Recipients initials.
- Date of birth.
- Sex.
- Eligible medical condition.
- Vaccine requested.

Source: Ministry of Health and Long-Term Care, High Risk Meningococcal Immunization Program Vaccine Order Form, March 18, 2009.

Sanofi Pasteur, Product Leaflet, Menactra®, Sept. 2007.

Thinking of Buying a New Fridge?

Call the health unit first. Before transferring vaccine to a new fridge you must ensure that the temperatures are stable at the cold chain level of 2°C to 8°C for one week of twice daily recorded temperatures.

Approach to Vaccination of Individuals with Splenic Disorders

Occasionally Vaccine Preventable Disease staff receives calls from physicians' offices with specific case questions. The answers to these questions may be of interest to others who find themselves facing the same situation. Below is an example.

Example: what vaccines should be given to a fifty five year old individual with a splenic disorder: (post-splenectomy)?

Asplenia or hyposplenism may be congenital, surgical or functional. The following conditions can lead to functional hyposplenism:

- Sickle cell anaemia.
- Thalassemia major.
- Essential thrombocytopenia.
- Celiac disease.
- Inflammatory bowel disease.

There are no contraindications to the use of any vaccine for patients known to be functionally or anatomically hyposplenic.

Hyposplenic individuals are highly susceptible to Streptococcus pneumoniae, Haemophilus influenza type b (Hib), and Neisseria meningitides. Therefore, they should receive Pneumococcal vaccine, Hib conjugate vaccine and Meningococcal vaccine, as per the recommended schedules outlined in the Canadian Immunization Guide.

They should also receive all routine immunizations and yearly influenza vaccination. When elective surgery is planned all the necessary vaccines should be given at least ten to fourteen days pre-splenectomy. In the case of emergency splenectomy, vaccines should be given two weeks post-splenectomy.

If the patient is discharged earlier and there is concern that he or she may not return, vaccination should be given before discharge.

In the example case above the patient should receive the following:

- One dose Pneumo® 23 (Pneumococcal Polysaccharide Vaccine); 0.5 mL I.M. with a booster dose in five years.
- One dose Act-HIB® Haemophilus b Conjugate Vaccine (Tetanus Protein – Conjugate); 0.5 mL I.M.
- One dose Menactra®, Meningococcal A, C, Y, W-135 Quadrivalent Vaccine; 0.5 mL I.M.

The deltoid muscle is the site of choice for the preceding vaccines. They may all be administered at the same time but in a separate site (at least 2.5 cm apart) using a separate needle.

Sources: The Canadian Immunization Guide, Seventh Edition, 2006.
Sanofi Pasteur Limited; Pneumo®23 vaccine product monograph, July 18, 2008.
Sanofi Pasteur Limited; Act-HIB® product information sheet, July 2006.
Sanofi Pasteur Limited; Menactra® product monograph, Aug. 2006.

Overview of H1N1 in Ontario as of Dec. 18, 2009

Wave One – *April 2009*
The arrival of H1N1 in Ontario. Wave one peaked in June. Within that time period there were 25 deaths and 388 hospitalizations.

Wave Two –
From June to peak in November there were 93 deaths and 1375 hospitalizations.

During the period of waves one and two there were a total of 118 deaths reported as a result of H1N1. During the same time period there were a total of 1763 people hospitalized with H1N1.

As of Dec. 18, 2009 there were still 163 people in the hospital.

As of Dec. 17, 2009, 20 confirmed H1N1 cases were in ICU's (11 of those on mechanical ventilators).

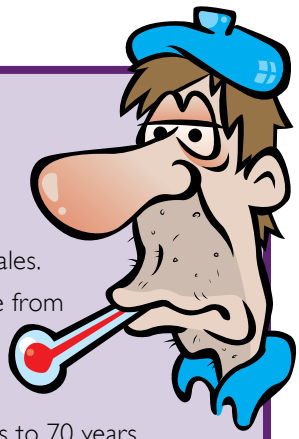
Plus:

- One out of five people hospitalized with H1N1 ended up in intensive care and/or on ventilators.
- 50% of those hospitalized with H1N1 have been 24-years-old or younger.
- Approximately 37% of the population has received H1N1 vaccine.

Source: Dr. Arlene King, Chief Medical Officer of Health, H1N1 media update, December 18, 2009

Haldimand-Norfolk H1N1 Stats

- As of Dec. 4, 2009 there were 26 lab-confirmed cases in Haldimand-Norfolk (Labs stopped testing for H1N1 Dec. 4, 2009).
- 13 females, 13 males.
- Female age range from six years to 77 years.
- Male age range from four months to 70 years.
- No deaths from H1N1 were reported in Haldimand and Norfolk.
- As of Feb. 11, 2010 the uptake of H1N1 vaccine in Haldimand-Norfolk is approximately the same as the Provincial level of 37%.



Source: Stats-Communicable Disease Team, Haldimand-Norfolk Health Unit.
Stats-Vaccine Preventable Disease Team, Haldimand-Norfolk Health Unit.

Quadracel® (DTaP-IPV) Lots; Six-Month Expiry Date Extension

On Oct. 13, 2009 Sanofi Pasteur sent out a notice extending the expiry dates of certain lot numbers of Quadracel® (DTaP-IPV) vaccine. The extension of the expiry dates is lot specific and pertains only to the following lot numbers:

Lot Number	Expiry Date on Package	New Expiry Date
Lot C2989AB	Feb. 28, 2010	Aug. 31, 2010
Lot C2989AD	Feb. 28, 2010	Aug. 31, 2010

Please do not return this supply at the end of February as wastage due to expiry date as it remains usable.

Lot Number	Expiry Date on Package	New Expiry Date
Lot C3039AB	May 31, 2010	Nov. 30, 2010

Please do not return this supply at the end of February as wastage due to expiry date as it remains usable.

This six-month expiry extension has been approved by Health Canada for the above lots provided your inventory has been continuously stored at cold chain temperatures of 2°C to 8°C. The continued use of these lots under these circumstances is necessitated by a temporary decline in available supply of this vaccine.

Source: Sanofi Pasteur, Quadracel® (DTaP-IPV) Product Number 2014731, Extension of Expiry Dating for Lots C2989AB, C2989AD, C3039AB, Oct. 13, 2009

Quick Tips

To help cut down on publicly funded vaccine wastage:

- Have a contingency plan in case of a power failure.
- Consider purchasing a battery back-up power system for your vaccine fridge. Several products are available that will automatically switch over to battery back-up when there is power failure.
- Keep a minimum amount of stock on hand.
- Call the health unit immediately to report a break in cold chain (any time the temperature falls below 2°C or above 8°C).

Prevnar®/Synflorix™ Revised Eligibility Criteria

The 7-valent pneumococcal conjugate vaccine Prevnar®, was replaced with the 10-valent conjugate vaccine Synflorix™ in October of 2009, for the routine immunization of infants and children from 6 weeks to 24 months of age.

Change in Recommendation:

Recommendations provided in October 2009 directed providers to administer Prevnar® to children under 24 months of age who had started their series with Prevnar ® (i.e., those who started with Prevar® should finish with Prevnar®). However, due to the provincial shortage of Prevnar® distribution of this vaccine is now limited.

The Ministry of Health and Long-Term care has revised the criteria for administration of Prevnar® and Synflorix™ as follows:

PREVNAR®
(revised eligibility criteria)

Prevnar® is only available to children 24 to 59 months of age who:

- Are unimmunized or
- Have not completed their series

Synflorix™
(revised eligibility criteria)

Children who are 23 months of age and younger (minimum age for dose is 6 weeks) should receive Synflorix™ regardless of their immunization history (i.e., previous doses of Prevnar®)

If you have any questions, regarding vaccines or schedules please contact any member of the Vaccine Preventable Disease Program at 519-426-6170 or 905-318-6623.

Sources: Ministry of Health and Long-Term Care, Notification letter to doctors and health care providers, Synflorix™ vaccine to replace Prevnar® vaccine for the immunization of infants and children up to 24 months of age, October 6, 2009.

Ministry of Health and Long-Term Care, Memorandum, Revised Eligibility Criteria for Prevnar® and Synflorix™ Vaccines, March 1, 2010.

HealthUnit Haldimand-Norfolk

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

Simcoe
P.O. Box 247, 12 Gilbertson Drive
Simcoe, ON N3Y 4L1
519.426.6170 / 905.318.6623

Caledonia
282 Argyle Street South
Caledonia, ON N3W 1K7
905.318.5367