



VOLUME #37

SUMMER 2010

HALDIMAND-NORFOLK HEALTH UNIT

PHYSICIANS' NEWSLETTER

Vaccine Eligibility Criteria

Men-C-ACWY-(Menactra®)

Reminder: Men-C-ACWY vaccine is only publicly funded for grade 7 students attending school in Ontario, and high risk individuals between 2 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). Vaccine providers must complete a High Risk Meningococcal Immunization Program Vaccine Order Form to order Menactra® from the health unit.

The school-based program is voluntary and continues to be administered in schools by Public Health Nurses. The program 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 Menactra®. 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, through a health unit clinic; either Menjugate® or NeisVac-C®, depending on availability.

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®, depending on availability, given at 12 months of age.

Please call the health unit and speak to a member of the Vaccine Preventable Disease Team if you have any questions.

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 from the Ontario Ministry of Health and Long-term Care, 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)	Synflorix™ (revised eligibility criteria)
Prevnar® is only available to children 24 to 59 months of age who: <ul style="list-style-type: none">• are unimmunized or;• have not completed their series.	Children who are 23 months of age and younger (minimum age for dose is six 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.

Submitted by Maria
Mendes Wood-RN, B.Sc.N,
VPD Team

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.

INSIDE THIS ISSUE

Vaccine Eligibility Criteria - Menactra® and Prevnar®/Synflorix™.....	1
Canadian Health Measures Survey - Oral Health Component 2007-2009.....	2
Availability of Vaccine for Hepatitis C Clients	3
Infectious Syphilis Treatment	3
Canadian Guidelines on STI - Updates	4
Mandatory Blood Testing Act - The Physicians Role	4

CANADIAN HEALTH MEASURES SURVEY

Oral Health Component 2007–2009

In 2003, Health Canada and the Public Health Agency of Canada supported Statistics Canada in obtaining funding to conduct a “direct measures” health survey among the Canadian population. Statistics Canada collected data for the Canadian Health Measures Survey (CHMS) from about 6,000 people in 15 communities randomly selected across Canada between March 2007 and February 2009. Before Statistics Canada began collecting data for the Canadian Health Measures Survey (CHMS), there was no current, nation-wide, clinical information on the oral health of Canadians. The information drawn from the Canadian Health Measures Survey describes the extent and severity of dental diseases among Canadians.

One of the reasons oral health was included as a component of the CHMS was to enable future evaluation of the association of oral health with major health concerns such as diabetes, respiratory and cardiovascular diseases. It will also enable the investigation of the relationships between oral health and known risk factors such as poor nutrition and smoking, as well as the effect of socioeconomic factors such as low income and education.

Highlights

- 62% of Canadians have private dental insurance.
- 6% have public insurance.
- 32% have no dental insurance.
- 2% of Canadians report that they had ongoing pain in their mouth in the past year.
- 74% of Canadians have seen a dental professional in the last year.
- 17% of Canadians avoided going to a dental professional in the last year because of the cost.
- An estimated **2.26 million school-days** and **4.15 million working-days** are lost annually due to dental visits or dental sick-days.
- 57% of six to 11 year olds have or have had a cavity.
- 59% of 12 - 19 year olds have or have had a cavity.
- Although cavities are largely preventable, 96% of adults have a history of cavities.
- 6% of adult Canadians no longer have any natural teeth.
- 21% of adults with teeth have, or have had, a moderate or a severe periodontal (gum) problem.
- 73% of Canadians brush twice a day.
- 28% floss at least five times a week.

For more information on all of the results, you are encouraged to review the Report on the findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009 at the following link: <http://www.fptdwg.ca/assets/PDF/CHMS/CHMS-E-tech.pdf>

Submitted by Kim Casier, Public Health Dental Hygienist

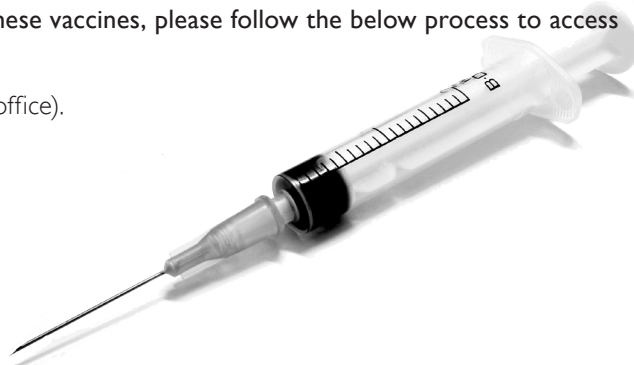


Availability of Vaccine for Hepatitis C Clients

Under the MOHLTC program, both Hepatitis A vaccine and Hepatitis B vaccine are available at no cost for persons with chronic liver disease (including Hepatitis C).

If you have a patient who is HCV reactive and they have not had these vaccines, please follow the below process to access the vaccine:

- Order the vaccine through your normal vaccine order (at your office).
- Identify on the order form "high risk- HCV".
- Pick up order when ready as usual.
- Have the patient come into your office.
- Administer the vaccine to the patient in your office.



It is important to be reminded that Public Health can offer the vaccine for your office use, but cannot **fill prescriptions or administer the vaccination**.

*Submitted by Stacey Guthrie, RN, BScN,
Infection Control Practitioner*

Infectious Syphilis Treatment

The incidence of infectious syphilis has increased 70% in Ontario from 2008.

Locally, H-N:

- 2008 - four reported cases.
- 2009 - one reported case.
- 2010 - two reported cases, so far.

The Ministry has noted that pharmaceutical substitutions have occurred causing cases to not be adequately treated.

The Canadian Guidelines on Sexually Transmitted Infections (2008) states:

- Reports of inappropriate use of short acting Benzylpenicillin (Penicillin G) (IM) for treatment of infectious syphilis.
- The appropriate treatment is long acting Benzathine penicillin G (Bicillin-LA).
- Practitioners should be aware of the similar names of these two products to prevent and avoid inadequate treatment.
- Long acting benzathine penicillin achieves detachable serum levels of penicillin for two to four weeks in non pregnant adults.
- Long acting benzathine penicillin is required for adequate treatment of infectious syphilis.
- Short acting penicillin agents are not recommended for achieving a cure.

For more information, please refer to the **Canadian Guidelines on Sexually Transmitted Infections**, as well the Haldimand Norfolk Health Unit's easy to use reference guide for Preferred Treatment of STIs.

*Submitted by Stacey Guthrie, RN, BScN,
Infection Control Practitioner*



Canadian Guidelines on STI Updates

The Public Health Agency of Canada is revising the Canadian Guidelines on Sexually Transmitted Infections 2008 Update and Quick Reference 2006 Edition. Therefore, we encourage practitioners to access the updates online at <http://www.phac-aspc.gc.ca>

*Submitted by Stacey Guthrie, RN, BScN,
Infection Control Practitioner*

Mandatory Blood Testing Act The Physicians Role

Mandatory Blood Testing Act, 2006 allows those who may be at risk to access information faster to determine the best way to reduce their chance of becoming ill if they were exposed to a serious blood borne illness.

The physician must offer an examination and counselling regarding prophylaxis or treatment, and base line testing for HIV/AIDS, hepatitis B and hepatitis C; if the applicant does not consent to the exam and counselling the application shall not proceed.

If the applicant refuses to consent to prophylaxis or treatment, the application may proceed.

There is a specific Physician Report that must be completed by the physician; the report instructs the physician as to what base line testing is required for the applicant.

The information collected in the report is disclosed to the Medical Officer of Health and potentially the Consent and Capacity Board if there is a hearing; therefore it is essential that the report is completed in its entirety.

More information regarding the **Mandatory Blood Testing Act and the Physicians' Role** can be found at: http://www.mcscs.jus.gov.on.ca/english/about_min/MandatoryBloodTesting/blood_testing.html

*Submitted by Stacey Guthrie, RN, BScN,
Infection Control Practitioner*