



Community Medicine Newsletter

Physicians' Update

Table of Contents

1. What's Going Around?
2. VCH Perinatal Depression Program
3. Vaccine Update
4. Breaking HIV News: RCT shows treatment as prevention works
5. Change in rabies post-exposure prophylaxis regimen

1. What's Going Around?

Mumps outbreak centred in Whistler:

Since February 2011, there have been more than 50 cases of mumps identified among young adults, many with links to the Whistler area. The majority of cases have been those with incomplete or unknown vaccination histories. Transmission has been among those with close personal contact to a case including sharing marijuana joints, cigarettes, drinks and utensils.

Young adults are more susceptible to mumps because **those born between 1970 and 1995 received only one dose of mumps containing vaccine as part of the routine schedule.** However, we now know that for long term immunity, two doses are needed. Since 1996, a second dose of MMR (measles, mumps, rubella) vaccine at 18 months has been routine.

Unfortunately, keeping immunizations up to date in young adults is particularly difficult. School programs no longer reach them and most have no continuing preventive medical care.

Please take the opportunity at any visit to offer an MMR to those born between 1970 and 1994, if they have not had two doses of MMR.

Young adults are usually very open to vaccination. No health insurance coverage is needed to receive free MMR.

Many of your patients may have received one dose of MMR and one dose of MR (measles, rubella) vaccine at school. If your patient is unsure of his or her immunization status, give another dose of MMR; there is no harm in receiving additional doses. MMR contains live virus and should not be given to pregnant women or those with severely compromised immune systems (e.g. HIV with viral load <200).

Measles in British Columbia and Europe:

Public health in the interior of BC had a cluster of measles cases in Revelstoke. Those affected included unimmunized and incompletely immunized youth and adults. As well, western European countries have had many cases of measles in the past months. Please inquire about **travel** and maintain a high index of suspicion for measles if patients present with fever and a rash.

Measles is one of the most highly communicable diseases known, and isolation of the patient for four days after the onset of rash and immunization of contacts are important interventions for limiting its spread.

Two doses of MMR (measles, mumps, rubella) vaccine are highly effective for preventing measles and 'over-vaccination' is not a concern. If in doubt, please offer another dose (or two, as required). **Call the CD Nurse on call at 604-983-6700 as soon as you suspect either mumps or measles in a patient. Don't wait for lab confirmation.**

For mumps diagnosis, please do a viral buccal swab and urine (for PCR) as well as antibody determinations.

"Baby" measles - a term to avoid:

Some parents have told us that their infants have been diagnosed with "baby" measles. Apparently,

some use this term as a synonym for *roseola infantum*. Please avoid using "measles" in any context except when you think your patient may have "red" measles i.e. rubeola. Parents often contact us with questions about their kids' diagnoses, and any mention of measles requires intensive public health investigation, whereas roseola does not require any intervention.

2. VCH Perinatal Depression Program

Perinatal depression (PND) is extremely common, amenable to diagnosis with a simple, patient-administered questionnaire, and more easily treated early than late.

Use of the Edinburgh Postnatal Depression Scale (EPDS) for screening is the benchmark for those providing prenatal care, delivering babies or looking after newborns and their mothers. However, implementing universal use of this tool and supporting mothers, families and their caregivers, requires more than just handing out copies of the EPDS questionnaire and wishing everyone good luck.

VCH is now rolling out its PND program, in line with the BC Provincial PND framework. CPD sessions are being offered through obstetric departments across the region. Online resources are available at the VCH Practice Support Program website and on the PHSA mediasite <http://phsa.mediasite.com/mediasite/Viewer/?p eid=d69c5bd712e84a0a9a34c93485d1a2031d>

Community resources have been expanded in rural areas. The [Pacific Post Partum Support Society](#), in partnership with VCH, has launched a **new, toll-free support line** allowing women and their partners in rural coastal communities to access help when the arrival of a new baby brings on feelings of sadness and anxiety. The number **1-855-255-7999** is accessible toll-free from the communities on the Sunshine Coast and Sea to Sky Corridor, in Powell River, Bella Bella and Bella Coola. Callers will have access to help in Punjabi and Farsi if required.

The Pacific Post Partum Support Society has offered a similar service to women and their families in the Lower Mainland for several years. The number for the Lower Mainland is **604-255-7999**.

3. Vaccine Update - May 2011

Flu vaccine

The influenza vaccination season is now over. You may return your unused influenza vaccine now.

Gardasil: good news and bad

The good: **Indications for Gardasil have been expanded to include women up to 45 years of age.** This vaccine was previously approved for use in girls and boys 9-26 years of age. It is 90% effective in preventing infection and disease in women age 27- 45 who have not previously been exposed to the vaccine viruses (HPV 6/11/16/18). Of the 3800 women enrolled in this study, most were not infected (as determined by pcr or serology) with the vaccine type viruses and thus would benefit from vaccination. Over 67% were negative to all four vaccine HPV types, 90% were negative for at least three, and 99% were negative for at least two types.

The bad: **HPV vaccine is only publicly funded for those born in 1994 and later.**

New BC campaign highlights HPV vaccine benefit

"I have immunity" www.immunizebc.ca/i-have-immunity is the title of this new campaign, housed on the ImmunizeBC website. If parents have questions about the HPV vaccine (or other vaccines) this site will help answer them.

We encourage both practitioners and patients to use the <http://www.immunizebc.ca/> website for their vaccine information needs.

***Never throw-out unused vaccines!
*Return them to your pick-up
site****

4. Breaking HIV News

The results of a multi-country trial of early antiretroviral treatment of the HIV infected partner of discordant heterosexual couples show a 96% reduction in risk of transmission. The trial was stopped four years early when interim analysis showed that 27 of the 28 transmissions from

infected to uninfected partners were in the usual treatment group. The early treatment group also had a much reduced rate of TB.

The results of this study underline the importance of wider testing for HIV and effective efforts to engage and retain patients in treatment.

The Director of The Centres for Disease Control in Atlanta had this to say:

“These results represent another significant step forward in HIV prevention and reinforce the importance of people everywhere knowing their HIV status and being linked to services for HIV prevention, care and treatment – all of which are key components of CDC HIV prevention strategies. They also remind us of the urgency of ensuring that testing and treatment are widely available, that ARV’s are becoming an important component of HIV prevention strategies, and that prevention and treatment for HIV are inseparable.”

When to Call the Medical Health Officer

A physician should call the MHO:

- To report a reportable disease listed in Schedule A
- If you suspect a disease outbreak
- If you suspect food poisoning
- If you have any questions about immunization
- If you have specific concerns

If you suspect a case of measles or hepatitis A, please notify the MHO.

5. Change in rabies post-exposure prophylaxis regimen

This is to inform you that the BC Communicable Disease Policy Committee advises the following change to the rabies post-exposure prophylaxis (RPEP) regimen.¹

RPEP is now a series of 1 dose of rabies immune globulin (RabIg) and 4 doses of vaccine for immunocompetent individuals:

1 BC Rabies Guidelines can be found at: <http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap1.htm>

- RabIg (20 IU/kg body weight IM) is infiltrated at the wound site on day 0 at the same time as the first dose of vaccine, or within 7 days of the first vaccination
- 4 doses of rabies vaccine (1.0 mL IM) are given; 1 each on days 0, 3, 7 and 14

Immunocompromised individuals should continue to receive 5 doses of vaccine on days 0, 3, 7, 14 and 28.

This change is based on evidence that the most critical element of prophylaxis is the rapid administration of RabIg and the first dose of vaccine. In the vast majority of cases, rabies antibody levels reach a protective level (≥ 0.5 IU/mL) before the 5th vaccination. There is no correlation between the number of doses received and the long term presence and level of antibodies. Further, when the prophylaxis of exposed individuals has been interrupted after the 4th dose of vaccine, there have been no RPEP failures documented.²

The National Advisory Committee on Immunization has also agreed to this change and will be publishing its recommendation later this year.

Please remember that all potential exposures to rabies in BC must be discussed with the Medical Health Officer (MHO) in your region and all release of rabies immune globulin and vaccine must be authorized by the MHO. You can contact the CD Nurse on call at 604-983-6700.

Sincerely,



Brian A. O'Connor, MD, MHSc
Medical Health Officer
Vancouver Coastal Health, North Shore

2 Rupprecht CE, Briggs D, Brown CM, Franka R, Katz SL, Kerr HD, Lett S, Levis R, Meltzer MI, Schaffner W, Cieslak PR. Evidence for a 4-dose vaccine schedule for human rabies post-exposure prophylaxis in previously non-vaccinated individuals. *Vaccine*. 2009 Nov 27;27(51):7141-8.