

Community Medicine Newsletter

INFLUENZA SEASON IN BRITISH COLUMBIA IS NOW OVER

Routine influenza vaccination is over for the current season. Thank you for your continued contribution to the prevention of influenza. At this time, please return influenza vaccine to your local health unit. Cold chain is not required for returns on influenza vaccine.

After some mild influenza seasons, this past season was more reflective of typical influenza. Activity peaked from the end December to late January; the predominant circulating strain was A/H3N2, which tends to cause more severe illness. A/H1N1 also contributed to illness, while influenza B predominated in the latter part of the season. All three strains were contained in last year's vaccine. Patients travelling to the southern hemisphere during the summer months or to tropical countries at any time of the year remain at risk. They can obtain influenza vaccine from travel clinics throughout the year.

Cases of severe influenza due to an avian H7N9 strain continue to be reported from China, but no person to person transmission of this virus has been confirmed, and the risk to travellers is extremely low. Travellers to China are advised to avoid live poultry markets. No changes to the usual management of influenza like illness in the community in Canada are recommended. For monitoring purposes, patients with severe respiratory illness returning from China are being tested in hospital for this pathogen.

OUTBREAK OF SYPHILIS IN VANCOUVER

Syphilis rates in Vancouver are the highest in 30 years. More than 80% of cases are gay, bisexual, or other men having sex with men, and 60% are HIV positive. Most cases are diagnosed in a latent stage, when no signs or symptoms are apparent; late infection, including neurosyphilis cases have also increased. Syphilis is curable, but **early diagnosis and treatment are essential to prevent serious complications**. Diagnosis can be difficult, as syphilis can mimic many other conditions.

The screening serologic test is Rapid Plasma Reagin (RPR). If the screening test is positive the confirmatory treponema specific test will automatically be performed. In some cases, as indicated below, confirmatory *Treponema pallidum* serology (TSCP on the requisition form) should be ordered at the same time as the RPR. If lesions are present, in addition to serology, fluid from the lesion can be swabbed, placed on a microscope slide, allowed to dry, and sent to the lab for direct fluorescent antibody *T. pallidum* Test (DFA)

At this time the following are recommended to help address this outbreak in our community.

Screening for syphilis using RPR for (Please mark *Syphilis Screen- TPS* on the provincial lab requisition)

- a. All individuals screening for sexually transmitted infections, and all those diagnosed with any sexually transmitted infection. Please remember to test for HIV as well.
- b. All men who are having sex with men (MSM). For those who have new or more than one sexual partner, repeat the screen **every 3-6 months**. For HIV positive men who have sex with men, with new or multiple partners, repeat **every 3 months**.
- c. All sexual partners of identified cases of syphilis. For these individuals, also mark *Syphilis Confirmatory - TPSC* on the provincial laboratory requisition form.
- d. All pregnant women in the 1st trimester for all antenatal care; repeated in 3rd trimester if woman has a new sexual partner during pregnancy.

Diagnostic testing (RPR and specimen from lesion if available) for patients presenting with:

- a. Genital, anal, or oral ulcers or other lesions such as mucous patches or condylomata (screening and confirmatory serology; please indicate presence of lesions as reason for testing)
- b. Rashes of unknown origin, especially if palms and soles included.
- c. New onset or changes of psychiatric or neurologic symptoms including vision and hearing loss

Treatment: The preferred treatment is long-acting benzathine penicillin G (Bicillin). Bicillin, can be obtained free from the BC Centre for Disease Control by calling the numbers below. Please do not write a prescription for this medication, as other forms of penicillin which are not recommended for the treatment of syphilis can inadvertently be dispensed. For testing/treatment guidelines for syphilis cases and contacts contact the **BCCDC syphilis nursing (604-707-5607) or physician line (604-707-5606)**. Treatment of suspected cases can be initiated immediately while awaiting test results and should also be offered simultaneously with testing to all persons presenting as a “contact to syphilis”.

Education: Patient education around syphilis includes the transmission potential through oral sex and skin to skin contact as well as intercourse. In addition to the consistent use of condoms, treatment of partners is an important component of prevention. Patients with syphilis are at high risk for re-infection.

PERTUSSIS UPDATE

Although the outbreak of pertussis is now over, sporadic pertussis activity continues. During the 13 month outbreak, 613 cases were reported in the lower mainland. **We would like to thank all physicians in our region for your response to this outbreak, including diagnosis, vaccination, treatment and assistance with contact investigation and management.**

Case counts are now low, with 10 cases reported so far in 2013. However, an infant was recently admitted to intensive care with pertussis. Those most vulnerable to severe pertussis are infants who are too young to have received their first three doses of pertussis vaccine and pregnant women. Thus, delivery of routine childhood immunizations remains a priority. The highest incidence of pertussis in this outbreak occurred among school aged children who were incompletely immunized, underscoring the importance of also receiving the kindergarten and grade 9 doses of pertussis containing vaccines if these were not given in school. A one-time dose of Adacel[®], which is not available free of charge and will cost approximately \$25 is recommended for all adults but especially for pregnant women and their contacts.

MEASLES ACTIVITY IN EUROPE

Travellers to Europe this summer are recommended to update their MMR vaccination prior to departure. Measles virus circulation continues unabated in Europe with outbreak activity recently reported in north-east England, Wales, Berlin and Sweden. For patients born on or after Jan 1, 1957, two doses of MMR are needed for full protection.

For any other inquiries, please contact the nurse on call at 604-983-6700.

Sincerely,



Brian A. O'Connor, MD, MHSc
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