Vancouver CoastalHealth
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Community Medicine Newsletter

Physicians' Update

Supporting prevention in clinical practice

This edition of Physicians' Update marks the beginning of efforts to increase support for your prevention activities more comprehensively. VCH Medical Health Officers (MHO's) will publish a Physicians' Update five times a year (roughly every two months, except during the summer). You may choose to receive it by mail or electronically. If urgent public health problems arise, you will still receive alerts by fax or email. We will try to limit them to one page.

We need your feedback as well. Please let us know how we can support your preventive practice better. Eventually, we hope to create a public health advisory group of family physicians, under the auspices of the Division of Family Practice, to help guide this work.

Our goal is simple: make sure primary care practitioners have the information they need to deliver the best preventive care possible.

Immunization News

1. HPV vaccine (Gardasil®) schedule change for girls aged 10-13 years of age: two doses, six months apart.

HPV vaccine (Gardasil®) is currently routinely offered in grades 6 and 9 in British Columbia. Based on results of a recent Canadian trial, the HPV schedule for girls 10-13 years of age has changed. This trial showed that girls aged 9-13 years have a robust immune response to HPV vaccine, and two doses produce a response equivalent to three doses in young adult women. Therefore, starting in the 2010 -2011 school year, girls aged 10-13 years have received two doses of HPV vaccine at 0 and 6 months in the routine school immunization program. The need for an eventual booster dose at 60 months is under assessment.

The schedule for Gardasil® remains **three doses** at 0, 2 and 6 months for girls **14 years of age and older.** All girls who have an immune deficiency associated with a solid organ transplant, stem cell transplant, or HIV infection should also receive **three** doses.

2. HPV vaccine (Gardasil®) for eligible girls 10-16 years of age is available to family physicians from their Community Health Centre on a case-by-case basis.

You may continue to order **doses of HPV vaccine** on a case-by-case basis from your local health office for unvaccinated eligible girls in your practice who did not receive HPV vaccine through the routine school program in grade 6 or 9. All girls born after 1994 who are 10 years of age or older are eligible for publicly funded HPV vaccine. The vaccine will come with an administration form. Please return it to your local community health office by fax so we can bring the child's vaccine record in our registry up to date.

Public Health Nurses will be sending out letters to all girls in grades 7, 8, 10, and 11 and their parents to remind them that girls born in or after 1994 are eligible for HPV vaccine. Community clinics will be running this spring for any eligible girls who have missed receiving HPV vaccine.

3. Cervarix®

For patients who are not eligible for publicly funded HPV vaccine, but wish to buy it for cervical cancer prevention only, two choices are available. Gardasil® protects against the oncogenic HPV genotypes 16 and 18 as well as genotypes 6 and 11 which cause most genital warts. Cervarix® protects against the two oncogenic genotypes 16 and 18 only. Although Gardasil® provides protection against genital warts as well, it costs $150/dose, compared to Cervarix® at $90/dose.

4. Updating immunizations when a child falls behind the normal schedule:

Immunization schedules are designed to stimulate the best and most long lasting immune response in the shortest possible time. When a child falls behind the routine schedule, plan to catch them up as quickly as possible, using the minimum interval acceptable between doses.

We have included several quick references to help your patient get back on track.

- A table with the youngest age at which a vaccine can be given and the minimum time interval between doses.
- The HIB schedule when the normal schedule is delayed.
- The pneumococcal conjugate vaccine schedule depending on the age at first presentation.
- A quick reference for adults updated to December 2010. The only change is a year of birth (1957) added to the rubella vaccine section.

For unique situations, please don't hesitate to call the CD nurse on call at 604-983-6700 or refer to the BCCDC immunization manual found at:
http://www.bccdc.ca/dis-cond/comm-manual/CDManualChap2.htm

5. Multiple vaccines at the same visit

Parents may balk at multiple vaccines (and injections) at the same time. We recommend providers administer all vaccines for which the child is eligible at the time of each visit. There are many reasons for this: protecting children as early as possible, reducing the number of visits for families who may not return on-time (or at all). Probably most important for you and your patient is reducing the number of visits associated with needles. Side-effects are no greater with multiple vaccines. Vaccine effectiveness is not reduced and children tolerate the practice well.

When a visit calls for more than one injection, give products known to cause more stinging (like MMR) last. If more than one injection in the same limb is required, leave a space of 2.5cm between injection sites so local reactions are unlikely to overlap. For intramuscular injections, a rapid injection technique without aspirating is less painful.

6. New recommendations for the maximum volume of vaccine injected in each limb

- Vastus lateralis:
    - 1.0 ml in infants
    - 2 ml in children ≥ 12 months to 5 years
    - 3 ml in children 5 years to 18 years
    - 5.0 ml in adults
- Deltoid:
    - 1.0 ml in children ≥12 months to 18 years
    - ml in adults

7. Potential cold chain problems

If your office has a power failure, a fridge failure, or if vaccines were inadvertently left out of the fridge for too long, please call us before you throw out any vaccine. Some may be salvageable.

Other news in the preventive care of infants and children

Three important tools for the preventive care of infants and children appeared in 2010:
1. The Rourke Baby Record has been entirely updated http://www.rourkebabyrecord.ca/
2. The Grieg Health Record (for children 6-18) was published
http://www.cps.ca/english/statements/cp/preventivecare.htm
3. BC adopted the new WHO growth standards and references for infants and children
http://www.dietitians.ca/Secondary-Pages/Public/Who-Growth-Charts.aspx

Both the Rourke and the Canadian Dieticians web sites have good PDF versions of all the charts.

The Canadian Pediatric Society web reference) is an excellent guide to their use:
http://www.cps.ca/english/statements/N/DC_HealhProGrowthGuide.pdf

The Rourke and Grieg tools are the best preventive recommendations, endorsed by the College of Family Physicians of Canada and the Canadian Pediatric Society, and based on the most recent evidence. We encourage you to use them with all your young patients.

If you require further information, please contact us at 604-983-6700.

Sincerely,

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