C D Pro Files

COMMUNICABLE DISEASE PROFILES

Volume 1, Issue 3: June 2002

A bi-monthly newsletter for Ontario public health units

NEW UNIT HEAD AT DISEASE CONTROL SERVICE (DC5)

Dr. Erika Bontovics (formerly Erika Abraham) has assumed new responsibilities as the Senior Infection Control Consultant at the Disease Control Service. In her new role, Erika will provide leadership to the Influenza, Antibiotic Resistant Organisms (ARO) and Infection Control Unit. Erika has been with the Ministry since 1998 working as Infection Control Consultant and also acting as unit head in the past six months. Erika's last name has been changed to Bontovics in official files and can now be reached at: Erika.Bontovics@moh.gov.on.ca. As to how to pronounce it: it ends with "ch", as in cheers! Please join the DCS in welcoming and wishing Erika well in her new position.

Communicable Disease Profiles is published six times a year (February, April, June, August, October, and December), and is distributed to all Ontario public health units.

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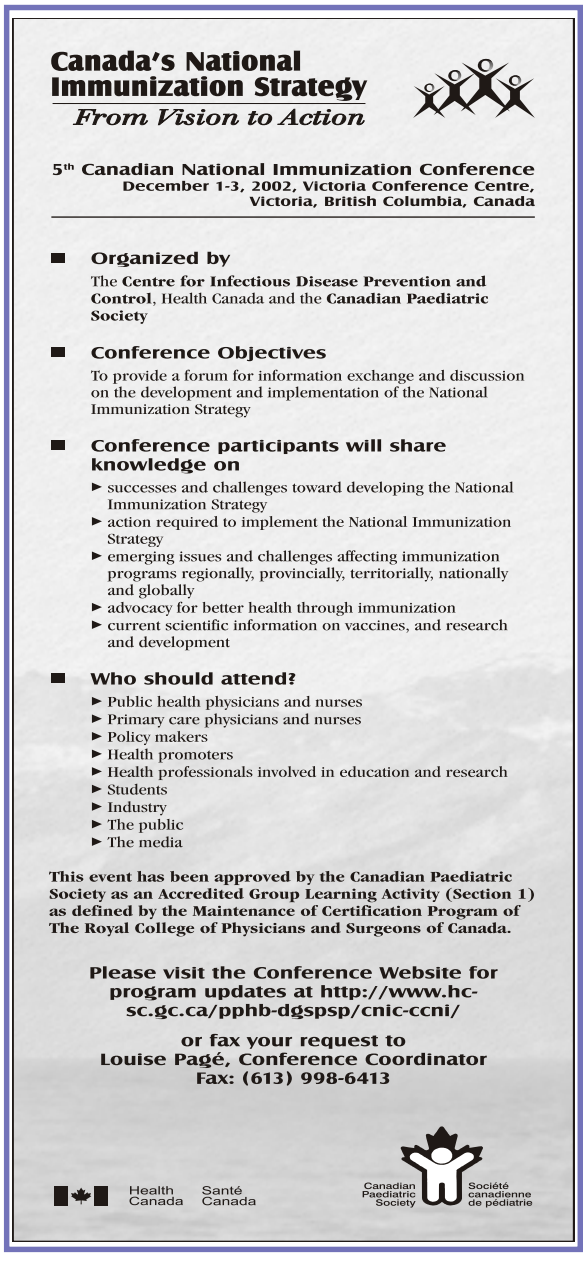

Canada's National Immunization Strategy
From Vision to Action

5th Canadian National Immunization Conference
December 1-3, 2002, Victoria Conference Centre, Victoria, British Columbia, Canada

- **Organized by**
  The **Centre for Infectious Disease Prevention and Control**, Health Canada and the **Canadian Paediatric Society**
- **Conference Objectives**
  To provide a forum for information exchange and discussion on the development and implementation of the National Immunization Strategy
- **Conference participants will share knowledge on**
  - successes and challenges toward developing the National Immunization Strategy
  - action required to implement the National Immunization Strategy
  - emerging issues and challenges affecting immunization programs regionally, provincially, territorially, nationally and globally
  - advocacy for better health through immunization
  - current scientific information on vaccines, and research and development
- **Who should attend?**
  - Public health physicians and nurses
  - Primary care physicians and nurses
  - Policy makers
  - Health promoters
  - Health professionals involved in education and research
  - Students
  - Industry
  - The public
  - The media

This event has been approved by the Canadian Paediatric Society as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

Please visit the Conference Website for program updates at http://www.hc-sc.gc.ca/pphb-dgspsp/cnic-ccni/

or fax your request to Louise Pagé, Conference Coordinator Fax: (613) 998-6413

Health Canada Santé Canada

Canadian Paediatric Society Société canadienne de pédiatrie

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Hepatitis A Virus (HAV) Vaccines for Outbreak Control and Post-Exposure Prophylaxis

The Ontario Government Pharmacy now keeps in stock 500 doses of HAV vaccine (AVAXIM™) for use by health units for outbreak control and post-exposure prophylaxis for sporadic cases of hepatitis A. This decision is based on scientific findings that HAV vaccine has been used successfully to arrest the progression of hepatitis A outbreaks in communities and that it is also highly effective as a post-exposure intervention (when given in the first week post-exposure) to prevent HAV infection in identified contacts.

The vaccine is licensed for use in persons >= 12 years of age. A single 0.5mL dose, followed by a booster dose 6 to 12 months later is expected to provide long-term protection.

Public health units must order the vaccine through the Public Health Branch by contacting Dr. Charles Le Ber by telephone at 416-327-7421. During non-business hours contact the Public Health Branch physician-on-call at the Spills Action Centre at 1-800-268-6060 or 416-325-3000. When ordering vaccine, please be prepared to provide information to substantiate the need for and quantity of vaccine.

Infection Control Guidelines: Canada

The *Guideline for Prevention and Control of Occupational Infections in Health Care*, 2002 is one in the series of infection control guidelines for health care personnel prepared by Health Canada's Health Care Acquired Infections Division. The new guideline presents an overview and provides recommendations to assist in the prevention and management of health care worker exposures and infections in health care. It is intended to be used with the other *Infection Control Guidelines* and relevant Health Canada documents that are published in the Canada Communicable Disease Report. This guideline is primarily intended for hospitals and long-term care facilities and may be useful with home care and community health workers, contract services, day care or correctional service workers. It updates and replaces recommendations from the previous document, *Occupational Health in Health Care Facilities* (1990) by reflecting the four principles of occupational health programs (risk assessment, risk control measures, education and evaluation). Recommendations are based on the most current literature and the consensus of the *Working Committee for Prevention and Control of Occupational Infection in Health Care*. The Health Canada guideline is available on the Population and Public Health Branch website (http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ccdr-rmtc/02vol28/28s1/index.html). It is also available (cost: $54.00 + GST) from the Canadian Medical Association, 1867 Alta Vista Drive, Ottawa, ON, Canada, K1G 3Y6, Tel: (613) 731-8610 Ext. 2307 or 888-855-2555 or by Fax: (613) 236-8864.

Source: Infectious Diseases News Brief, 31 May 2002; Health Canada.

ARO Control Strategy

Public Health Branch continues to be actively involved in responding to the emerging health threat posed by the issue of antimicrobial resistance, with a commitment to roll out the control strategy in Ontario.

The DCS hosted an open stakeholder meeting on June 6, 2002 in Toronto to discuss the Ministry's ARO control strategy. The meeting was attended by participants from diverse backgrounds including health care professionals and related associations, Ontario government officials, and public health organizations. It was acknowledged that there was need to redouble efforts to promote the prudent use of antibiotics, in addition to other measures, to reduce the disease burden in Ontario. PHB is committed to ensure availability of dedicated staff for this initiative and will support health units to take part in implementing the strategy. Details will be communicated at a later date.

Cryptococcus Neoformans Outbreak in British Columbia

An unusual outbreak of *Cryptococcus neoformans* (serotype B, variation gattii) has occurred on Vancouver Island, BC, prompting the British Columbia Centre for Disease Control (BCCDC) to issue an advisory on June 6, 2002. A total of 52 cases have been diagnosed in the past 3½ years, with 11 so far this year. One victim, one of the earliest cases, died. Forty-six cases have been residents of Vancouver Island, and 6 of them were mainlanders who had traveled to the island. The cases have been distributed along the warmer, drier east coast of the island. Clinical presentations of the cases have been primarily respiratory infection or meningitis. About 80 percent of victims either suffered from a pre-existing lung condition or were smokers; none of them had underlying HIV infection. Despite the number of cases, health officials say the risk of contracting the illness is low.

A total of 40 cases have been found in animals, from pet dogs and cats to at least half a dozen wild porpoises.

The fungus, which is associated with partly rotted trees, has recently been isolated from hollowed or rotten areas on several native tree species, including Douglas Fir, Red Alder and Garry Oak, in a coastal park in the central island. It is now clear that this fungus has recently emerged on Vancouver Island, from its native tropical or subtropical climates. The reasons for this are not clear, but hypotheses include importation with tropical plants, and global warming.

Source: Canada.com, June 7, 2002; Dr. Fyfe Murray, BCCDC, Vancouver, BC, June 8, 2002