C D Pro Files

COMMUNICABLE DISEASE PROFILES

Volume 2, Issue 4: August 2003

A bi-monthly newsletter from Disease Control Service, Public Health Branch for Ontario public health units

Grade 7 Hepatitis B Immunization for 2003–2004

The 2003 – 2004 Grade 7 Hepatitis B Immunization tender has once again been awarded to Merck Frosst Canada & Co. for a two-dose program. The vaccine used will be Recombivax HB® available in three-dose, 3ml vials. The vaccine and syringes will be distributed by *Ontario Government Pharmaceutical & Medical Service* (OGPMSS) based on the number of eligible students and distribution patterns from previous programs. Merck Frosst has also produced various promotional materials for distribution. In June 2003, requests for coverage of the 2002 – 2003 school year were sent to health units, and most health units have already returned these forms to the Public Health Branch. We appreciate the extra work required in completing these documents. Keep up the good work and good luck with the 2003 – 2004 campaign!

Source: STD/AIDS/Sexual Health Unit, Disease Control Service, Public Health Branch.

Revised Vaccine Storage and Handling Guidelines

Please note that the "Fact Sheets" for Vaccine Storage and Handling in physicians' offices have been revised. For additional copies of the official full-text document of the guidelines, please contact OGPMSS.

Here are a few reminders for all health unit staff involved with vaccine preventable diseases:

- Please **do not** distribute vaccine stability data to physicians.
- Vaccine stability data was provided by the manufacturers, for the use of Public Health Branch staff, and health unit staff only.
- In the event of a cold chain failure, the vaccine supply in each physician's office/facility must be assessed to determine whether vaccines may have lost their potency.
- Assistance in this determination can be obtained from the appropriate vaccine manufacturer, or by contacting Nurse Educator *Karie Robinson, at (416) 327-7121*, at the Public Health Branch.

Source: VPD, TB Control Unit, Disease Control Service, Public Health Branch

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Summary of Influenza Surveillance for the 2002 – 2003 Season

Influenza has been a reportable disease in Ontario since 1923. And since 2001, all respiratory infection outbreaks in institutions became reportable to the Public Health Branch of the Ministry of Health and Long Term Care. A provincial surveillance program is conducted annually from October – April to assess the epidemiology of respiratory infection outbreaks, though influenza is a reportable disease all year round.

Influenza surveillance in Ontario was conducted from October 28, 2002 to April 30, 2003. The influenza season in Ontario started early in the 2002 – 03 season, with the first institutional influenza outbreak reported in August 2002. Institutional outbreak activity peaked in December with a second peak in February. There were no influenza B outbreaks reported. Non-influenza institutional respiratory infection outbreak data are also included in this report.

Of the 185 respiratory outbreaks that occurred in provincial institutions, 25 (13.5%) were due to influenza and 160 (86.5%) were caused by other organisms. Outbreaks caused by other organisms began in October 2002. Of the 160 non-influenza outbreaks, 26 (16.3%) were due to respiratory syncytial virus (RSV), 20 (12.5%) were due to parainfluenza virus (PIV), with the remainder caused by a combination of organisms.

During the reporting period of November 2, 2002 and May 3, 2003, (the period during which the national and Ontario's surveillance period most closely overlapped) participating laboratories across Canada reported 3,337 laboratory-confirmed cases of influenza to the Centre for Infectious Disease Prevention and Control (CIDPC). Specifically, 57.4% (1,915 cases) were influenza type A, and 42.6% (1,422 cases) were influenza type B. The participating laboratories in Ontario isolated or detected 892 influenza isolates of which 94.2% (840 cases) were influenza type A. Of the isolates characterized, predominant circulating strains in Ontario were identified as A/(H1N2), B/Hong Kong/330/01-like, A/Panama/2007/99-like, and A/New Caledonia/20/99 (H1N1)-like.

Although the Reportable Disease Information System (RDIS) annually collects data on influenza activity in Ontario, the majority of cases occur between October 1st and April 30th each year. RDIS data is therefore reported during this period in the 2002 – 03 influenza season. Reports include information on laboratory-confirmed sporadic cases and only those outbreak-related cases that had laboratory confirmation. There were 913 confirmed influenza cases (847 influenza A, 66 influenza B) reported by health units through RDIS. Of the 37 health units in Ontario, an average of 26 (70%) reported weekly on "influenza activity" throughout the influenza season, compared to 27 (73%) for the previous season.

All long-term care facilities (LTCFs) in Ontario are required to submit data on vaccination rates for residents and staff by December 1st each year. Hospitals are required to submit data on staff vaccination rates. Results showed median influenza vaccination coverage achieved for LTCF residents this season was 95.0%, and long-term care median staff coverage was 82.4%. Median influenza vaccine coverage for hospital staff was 44.0%.

The federal *FluWatch* program co-ordinated the Ontario sentinel physician program during the 2002 – 03 season. Visit rates to sentinel physicians for influenza-like-illness (ILI) ranged from 12 to 40 visits per 1,000 patients seen.

A detailed summary report will be published in an upcoming issue of PHERO.

Source: Influenza, ARO, Infection Control Unit, Disease Control Service, Public Health Branch.