C D Pro Files

COMMUNICABLE DISEASE PROFILES

Volume 3, Issue 1: February 2004

***A joint bi-monthly newsletter from the Disease Control Service, and the Surveillance & Outbreak Management Section, Public Health Branch for Ontario public health* units**

Vaccines Immunization Web-site

The Public Health Branch has developed information on immunization and vaccines for healthcare professionals and the public. This information is posted on the web-site and entitled *"Immunization: Your Best Protection"*, which answers common questions about immunization and vaccines, highlights the benefits, and dispels anti-immunization myths.

In addition, useful resources and links are provided as additional information, including a chart of the recommended immunization schedule for Ontario.

Please visit the web-site: http://www.health.gov.on.ca/english/public/pub/early/immunization.html

Source: TB/Vaccine Preventable Diseases, Disease Control Service.

Pneumococcal Polysaccharide Vaccine – Global Shortage

Ontario purchases its supply of pneumococcal polysaccharide vaccine through a federal/provincial/territorial contract on an annual basis. Unfortunately, this year Ontario was unable to obtain the full quantity that we had ordered some time ago. In addition, demand has been higher than expected this year. At the present time, Ontario has a very limited quantity of the vaccine, and will be unable to secure an additional supply until July 2004.

In response to this vaccine shortage, Public Health Division staff have worked with the staff at Ontario Government Pharmaceutical and Medical Supply Service to develop and implement a plan to ensure that the remaining vaccine is used for those at highest risk for invasive pneumococcal disease.

Because of the very limited supply, we are requesting that the remaining vaccine supply be used for the immunization of high-risk persons (aged two years of age or over) who have not yet received a dose of the pneumococcal vaccine. This would include persons with any of the following conditions:

- chronic heart or lung disease
- cirrhosis or alcoholism
- chronic renal disease or nephrotic syndrome
- diabetes mellitus
- asplenia, splenic dysfunction or sickle-cell disease

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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- chronic cerebrospinal fluid leak
- HIV infection and other conditions associated with immunosuppression (Hodgkin's disease, lymphoma, multiple myeloma, induced immunosuppression for organ transplant recipients)
- Cochlear implant recipients (pre/post implant)

We are asking that, for the present time, physicians/facilities postpone immunizing healthy persons 65 years and older and postpone re-immunizing individuals who have already received a dose of the pneumococcal vaccine. This will help ensure that the remaining vaccine can be conserved and used for those at greatest risk of invasive pneumococcal disease and its complications.

Source: TB/Vaccine Preventable Diseases, Disease Control Service.

Announcement of suspected severe acute respiratory syndrome (SARS)

On January 8, Chinese health authorities announced a suspected case of SARS in the southern province of Guangdong, and investigation of the source of infection for the confirmed case started the following day. The patient, who has been treated in isolation since December 31, 2003, is a 20-year-old woman from Henan Province who works at a restaurant in Guangzhou, the provincial capital city. The patient felt unwell on December 25, 2003, developed a fever the following day, and sought medical treatment on

December 31, 2003. In line with diagnostic and management protocols issued by the Chinese Ministry of Health, she was immediately placed in isolation. She was diagnosed as a suspected case following review by a panel of Chinese SARS experts. Epidemiological investigations and laboratory tests are under way. The patient has been afebrile for the past 7 days and is said to be in stable condition.

Altogether 100 contacts have been traced and placed under medical observation. At present, no signs or symptoms suggestive of SARS have developed in any of these contacts.

The announcement follows the laboratory confirmation of SARS made on January 5, 2004 in a 32-year-old male resident of Guangzhou. The man has fully recovered and has been discharged from hospital. All close contacts of the patient, including healthcare workers, have remained in good health throughout the observation period, which has now ended. At present, no epidemiological evidence has linked the confirmed case with the suspected case. The possible source of exposure in both cases is under investigation.

As of January 19, 2004, WHO has reported another suspect case in a 35-year-old businessman in Guangzhou, blood samples have also been tested in the laboratories in Hong Kong, SAR. Results from these tests indicate that he too has antibodies that neutralize the SARS coronavirus, as well as antibodies to the non-SARS coronavirus OC43. However, the blood samples that were sent to the two laboratories in Hong Kong were taken in the early part of his illness, and were separated by only three days.

Source: World Health Organization, Weekly Epidemiological Report, January 16, 2004 (with updates).

European Centre for Disease Prevention and Control (ECDC)

Since 1999, the Commission has managed a Communicable Diseases Network. This is currently based on ad hoc cooperation between Member States within the legal framework of Council and Parliament Decision 2119/98/EC. However, there is a need for a substantial reinforcement of this system if the European Union is to be in a position to control communicable diseases effectively. In 2000 and 2001, two external evaluations of the Network highlighted how the functioning of existing structures could be improved and reviewed options for a more effective response capacity at the EU level. In 2002, the State Epidemiologists from the Member States gave their view on the future of the surveillance of communicable diseases at the European Union level and favoured the creation of an EU-level centre.

The present proposal aims at creating a European Centre, able to provide a structured and systematic approach to the control of communicable diseases and other serious health threats, which affect European Union citizens. The creation of a European Centre for Disease Prevention and Control, an independent European agency, would mobilise and significantly reinforce the synergies between the existing national centres for disease control.

For more information, visit the European Commission web-site: http://europa.eu.int/comm/health/ph_overview/strategy/ecdc/ecdc_en.htm

Source: European Commission.