Northern Health Physicians
Partners in Wellness

Public Health Newsletter for Northern Health Physicians

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Influenza Activity has increased sharply in BC

Influenza activity increased sharply during the last week of December 2016 and has remained high throughout January 2017. The A(H3N2) strain is predominant. As is typical of this strain, the majority of cases and hospitalizations have been in patients over 65. Residential care facilities in southern BC are experiencing a high number of influenza outbreaks. Northern BC has been relatively spared so far, but we can expect more facility outbreaks to occur soon.

It is not too late to vaccinate

While interim vaccine efficacy estimates are pending, viral sequencing data indicate a good match between this year's vaccine and circulating strains of Influenza A (H3N2) and Influenza A(H1N1). Influenza vaccine remains available for your patients. Please note, one batch of Flumist vaccine expired mid-January and the second will expire 09 February 2017. Please review and remove expired vaccine inventory (including Flumist) from your fridge, and return it to your local public health unit.

Organize early antiviral treatment for those at high risk

Circulating influenza strains are susceptible to both oseltamivir and zanamivir. Antiviral treatment reduces the risk of complications of influenza in patients at high risk, particularly when initiated within 48 hours of the onset of symptoms.

1. Patients at high risk of complications, who are most likely to benefit from antiviral treatment, include:
    - Patients with chronic medical conditions
    - Residents of long-term care facilities

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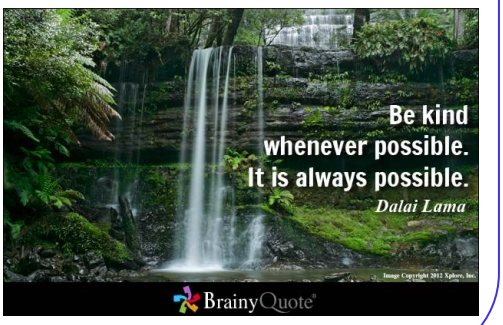
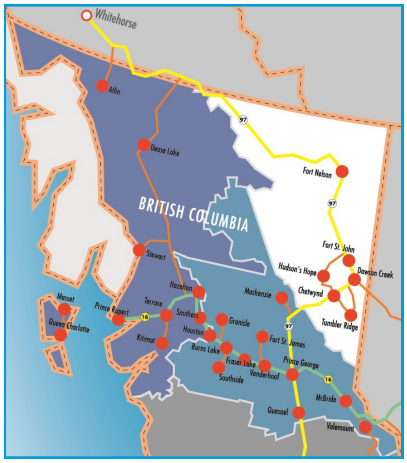
Inside this Issue:

Notable Quotable:





Northwest

Atlin, Dease Lake, Houston, Hazelton, Masset, Kitimat, Port Clements, Prince Rupert, Smithers, Stewart, Terrace, the Village of Queen Charlotte

Northern Interior

Burns Lake, Fort St. James, Fraser Lake, Granisle, Mackenzie, McBride, Prince George, Quesnel, Valemount, Vanderhoof

Northeast

Chetwynd, Dawson Creek, Hudson's Hope, Fort Nelson, Fort St. John, Tumbler Ridge

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After hours calls to UHNBC Switchboard 250-565-2000 and ask for MHO on-call

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Influenza Activity has increased sharply in BC, *Cont'd.*

(Continued from page 1)

- Individuals 65 years of age or older
- Aboriginal peoples
- Pregnant women and women up to 4 weeks post-partum, regardless of how the pregnancy ended.

2. At this time, symptoms of fever and cough are highly predictive of influenza. For patients at risk of complications who present with influenza-like illness, treatment with antivirals should be started as soon as possible, ideally within 48 hours of symptom onset. There is no need for laboratory confirmation.
3. Providing a prescription for one of these antivirals to your adult patients at high risk of complications means they can start treatment as soon as they develop symptoms of influenza. Recommended treatment regimens for adults with normal renal function* are:
   a. Oseltamivir 75mg twice daily x 5 days
   b. Zanamivir 10mg (two 5 mg inhalations) twice daily x 5 days

*For dosing in children, or in adults with renal impairment, please see the AMMI Canada guideline "The use of antiviral drugs for influenza: A foundation document for practitioners" (2013) at https://www.ammi.ca/Content/Guidelines/Flu%20%28published%20version%29%20FINAL.pdf.

4. For all residents of long-term care facilities, we strongly recommend pre-signing the regional order set for antiviral treatment and prophylaxis. These orders facilitate rapid initiation of treatment and prophylaxis in the event of an influenza outbreak declared by the Medical Health Officer. This measure not only protects the individual, but also contributes to outbreak control, thereby helping protect other residents as well.

   These orders are available by signing on using your Northern Health email address here: http://docushare.northernhealth.ca/docushare/dsweb/Get/Document-83221/ (copy also attached to this newsletter on the Northern Health Physicians' external web site: https://physicians.northernhealth.ca/PhysicianResources/PublicHealth.aspx).

5. For adults at low risk of complications, antiviral treatment is not routinely recommended.

Source:

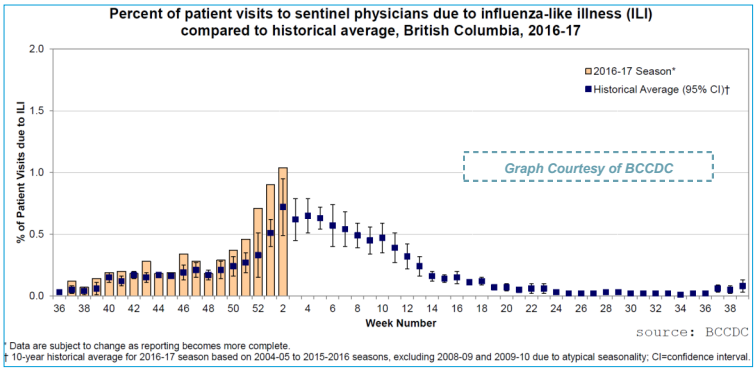
Dr. Andrew Gray, Northern Interior MHO
Contents adapted from the January 20, 2017 Physicians' Update from Vancouver Coastal Health.

Influenza Update

In week 2, 959 patients were tested for respiratory viruses at the BCCDC Public Health Laboratory (PHL). Of these, 430 (45%) tested positive for influenza, including 419 (97%) with influenza A [10 A (H3N2) and 409 with subtype pending] and 11 (3%) with influenza B. Overall influenza positivity remained elevated above 40%. The large number of influenza A specimens with pending subtype information reflects delays in laboratory testing, due to the high volume of specimens submitted during this peak period. Respiratory syncytial virus (RSV) activity also remained high during this period, with 12% of patients testing positive in week 2.

Cumulatively since week 40 (starting October 2, 2016), 1687 (28%) patients tested positive for influenza at the BCCDC PHL, including 1659 (98%) with influenza A [819 A(H3N2) and 840 subtype pending] and 28 (2%) with influenza B.

So far during the 2016-17 season, influenza A(H3N2) has been the dominant subtype among influenza detections. Elderly adults ≥65 years old are disproportionately represented among influenza detections, although younger age groups are also affected.



Source: BC Centre for Disease Control Influenza Surveillance Reports: Report No. 10, Jan. 8-14, 2017 *(Week2*
http://www.bccdc.ca/dis-cond/DiseaseStatsReports/influSurveillanceReports.htm

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Update on opioid overdoses

The opioid overdose emergency continues with no end in sight. 914 people died of illicit drug overdose in BC in 2016, including 49 people in the North. These are nearly double the numbers for 2015.

Naloxone kits and overdose response training have been made available through health units and other settings in nearly all Northern Health communities, and this program will continue to expand. We are also accelerating efforts to improve access to addiction treatment, especially opioid agonist therapy (OAT), which includes buprenorphine/naloxone (Suboxone™) and methadone.

Improving access to opioid agonist therapy (OAT):
OAT is the most effective evidence-based treatment in reducing non-medical use of opioids, improving physical health, and reducing mortality. Buprenorphine/naloxone (Suboxone™) is the first-line option in most cases and no longer requires a special license to prescribe. Northern Health's vision is for OAT to be available in all primary care settings.

Guidelines and learning resources:
Updated provincial guidelines on the treatment of opioid use disorder are expected to be released this month. In the meantime, we suggest consulting the 2015 guidelines developed by Vancouver Coastal Health and Providence Health Care, available at http://www.vch.ca/media/Opioid-Addiction-Guideline.pdf.

CME opportunities: Educational sessions to support the use of the new provincial guidelines are being planned by several Divisions of Family Practice in conjunction with the new BC Centre on Substance Use (BCCSU). Dr Gerrard Prigmore, Medical Lead, Addiction & Harm Reduction with Northern Health, will be in touch when dates and venues are finalised. If you are interested in hosting an educational session for your Division, please contact Cheyenne Johnson at cheyenne.johnson@cfenet.ubc.ca.

Medication coverage: As of February 1, 2017, buprenorphine/naloxone (Suboxone™) and methadone are both covered in BC under Plan G, which provides coverage for psychiatric medications for patients with financial barriers. For information on how to apply for Plan G coverage for your patients, please see http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/drug-coverage/coverage-of-methadose-and-buprenorphine-naloxone-under-plan-g.

Addiction medicine telephone consultations:
The BCCSU also provides addiction treatment expert support for GPs through the provincial Rapid Access to Consultative Expertise (RACE) shared care telephone advice line. It is available for general practice or other physicians and is open Monday through Friday, from 8:00 a.m. to 5:00 p.m., 1-877-696-2131.

Accidental exposure to opioids: are health care workers at risk?
Dr. Perry Kendall, Provincial Health Officer, issued the following statement on January 13, 2017 (emphasis added):

> "**The risk of unintended fentanyl and fentanyl analogue exposures to Health Care Workers (HCWs) and Emergency Medical Services (EMS) staff treating overdose victims is extremely low**. Unlike law enforcement, EMS and hospital medical staff are not exposed to environments where illicit drugs are being produced, transported or stored. In British Columbia, the epicenter of the Canadian opioid overdose epidemic, there have been no reported cases of secondary exposures of fentanyl to EMS, HCWs or private citizens administering naloxone, despite thousands of overdose reversals in the field and in health care facilities.
>
> "**No additional Personal Protective Equipment is required** when attending patients with drug exposures unless there is a risk of respiratory and/or bodily fluid exposure [*i.e. standard precautions against communicable diseases*]."

Call for community champions!
Are you passionate about improving options for addiction treatment in your community? Please contact Dr. Gerrard Prigmore, Medical Lead, Addiction & Harm Reduction (gerrardprigmore@me.com) to discuss how you can help bring better addiction treatment to your community.

Source:
Dr. Andrew Gray, MHO, NI HSDA

Research Project:

Physical Activity - barriers and facilitators in Northern primary care practice

Cara McCulloch is a second year student in the Northern Medical Program, conducting a research project exploring physical activity promotion in primary care.

The research aims to determine:

- What are the barriers and what facilitators **to physical activity prescription for primary care providers** in Northern BC?
- What do primary care providers perceive as the barriers and facilitators **to participating in physical activity for their patients**?

The project is supported by Dr. Sandra Allison (Chief Medical Health Officer) and Kelsey Yarmish (Regional Director, Population Health) at Northern Health, as well as Dr. Chelsea Pelletier (PhD) at the University of Northern British Columbia.

For further information regarding this survey, watch for the announcement and invitation by email. Or you can access the survey at: http://fluidsurveys.com/surveys/northernhealth/barriers-and-facilitators-to-pa-in-northern-bc/.

All Northern Health primary care providers are requested and encouraged to assist with this important survey through your participation.

Back issues of *NH Physicians, Partners in Wellness* newsletters and bulletins are located on the NH Physicians website:
http://physicians.northernhealth.ca/physicianResources/PublicHealth.aspx

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Regional Order Set

Oseltamivir for Influenza Outbreak Declared by Medical Health Officer

 PATIENT LABEL

Allergies: ☐ None known ☐ Unable to obtain List with reactions: _____	**Weight:** _____ **kg**

Vaccine history

Influenza vaccine: ☐ If already given, date: _____
☐ If not given, see **10-111-5122 Long Term Care Facilities Admission Orders**

Pneumococcal vaccine: ☐ If already given, date: _____
☐ If not given, see **10-111-5122 Long Term Care Facilities Admission Orders**

Laboratory

• Recent serum creatinine _____ micromol/L or GFR _____ mL/min Date: _____
☐ Serum creatinine (if not done within last 6 months)

Medications: Select **one** of the options (A, B, or C)

Note: **oseltamivir** doses may be initiated prior to serum creatinine result availability. Adjust dose when results are available. Experience with use of **oseltamivir** in patients with renal failure is limited. These regimens have been suggested based on the limited data available.

A: Treatment dosing regimens

Select one	GFR or CrCl (mL/min)	Adult oseltamivir treatment dosing*
☐	greater than 60	75 mg PO **twice daily** for 5 days
☐	31 to 60	75 mg PO **once daily** for 5 days
☐	10 to 30	30 mg PO **once daily** for 5 days
☐	Hemodialysis	75 mg PO **after each** dialysis session for 5 days
☐	Continuous ambulatory peritoneal dialysis (CAPD)	30 mg PO x 1 dose

B: Prophylaxis dosing regimens

Select one	GFR or CrCl (mL/min)	Adult oseltamivir prophylaxis dosing*
☐	greater than 60	75 mg PO **once daily** until outbreak is declared over
☐	31 to 60	75 mg PO **every 48 hours** until outbreak is declared over
☐	10 to 30	30 mg PO **every 48 hours** until outbreak is declared over
☐	Hemodialysis	30 mg PO **after every other** dialysis session until outbreak is declared over
☐	Continuous ambulatory peritoneal dialysis (CAPD)	30 mg PO once weekly until outbreak is declared over

C: No treatment or prophylaxis dose (state reason)

☐ Do not give **oseltamivir**

Reason: _____

Physician signature: _____ **College ID:** _____ **Date:** _____ **Time:** _____

*Association of Medical Microbiology and Infectious Disease Canada Guideline. The use of antiviral drugs for influenza: A foundation document for practitioners. 2013

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February 6, 2017

To all Northern Health Primary Care Providers

Physical Activity: Barriers and facilitators in Northern primary care practice

Despite the fact that BC is often cited as the healthiest province, rates of physical activity for adults living in Northern BC are substantially lower when compared to the rest of the province. As an intervention, physical activity has well-established health benefits for over 30 chronic conditions and yet it remains under-prescribed in primary care. To date, there have been a number of studies looking at the barriers to physical activity prescription by primary care physicians (e.g., lack of knowledge on what type of exercise to recommend, what is considered efficacious, where to refer patients, lack of relevant training opportunities, etc.), but none with a focus on Northern BC, where we can expect different barriers and facilitators to participation.

Cara McCulloch is a second year student in the Northern Medical Program, conducting a research project, supported by me and Kelsey Yarmish (Regional Director, Population Health) at Northern Health, as well as Dr. Chelsea Pelletier (PhD) at the University of Northern British Columbia.

I would like to invite all primary care providers in Northern BC to contribute to our understanding of physical activity in the North by completing the attached survey, which will take **less than 10 minutes** of your time:
http://fluidsurveys.com/surveys/northernhealth/barriers-and-facilitators-to-pa-in-northern-bc/

Completion of the survey is entirely voluntary and indicates your consent to have your de-identified answers analyzed and included in the results. **The survey will close on February 28, 2017.**

What are the research questions?

The project is exploring physical activity promotion in primary care. The research aims to determine:

(a) What are the barriers and what facilitators **to physical activity prescription for primary care providers** in Northern BC?
(b) What do primary care providers perceive as the barriers and facilitators **to participating in physical activity for their patients**?

Why is this important?

The Northern region of the province represents a geographical area of Canada that is understudied. We know that strategies for improving population health must be unique to our Northern context, populations and communities. This survey information is important for Northern Health to identify and evaluate the implementation of evidence based strategies and approaches to increasing rates of physical activity.

If you have any questions regarding the survey, please contact Cara McCulloch (contact information provided below).

Contact information	
Principal Investigators	
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Co-investigator	
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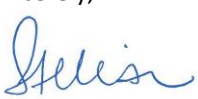
Sincerely,



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