



# Northern Health Physicians Partners in Wellness

Public Health Newsletter for Northern Health Physicians  
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## NH Antimicrobial Stewardship (AMS) program: Antimicrobials - Handle with Care

Northern Health’s AMS program would like to welcome Dr. Abu Hamour as the official Medical Lead for the AMS program and look forward to future collaboration! We would also like to share with our prescribers in Northern Health, an upcoming change to outpatient management of uncomplicated skin and soft tissue infections (see information below).

### Cefazolin plus Probenecid

Previous practices in Northern Health (NH) for outpatient IV management of uncomplicated skin and soft tissue infections (uSSTI) relied on the use of cefazolin plus oral probenecid. In 2011, probenecid was removed from the Canadian Market. At that time, ceftriaxone replaced cefazolin plus probenecid in the outpatient setting for uSSTI. This is not an ideal practice because ceftriaxone has suboptimal activity against *S. aureus*, has a higher risk for developing *C. difficile* infection and provides unnecessary gram negative coverage promoting antimicrobial resistance.

Probenecid given orally prior to a once daily dose of cefazolin 2 g IV has been shown to increase serum concentrations and extend the half-life of cefazolin in a manner that achieves clinical resolution of cellulitis and related soft tissue infections compared to treatment with ceftriaxone 2 g IV daily. Prescribing cefazolin 2 g IV q24h plus probenecid 1 g PO daily 10 to 30 min prior to cefazolin in outpatient treatment settings for uSSTI will minimize use of ceftriaxone for uSSTI in outpatient treatment settings. However there will still be situations that warrant use of ceftriaxone in the outpatient setting (e.g. complicated infections such as: bone and joint infection, endocarditis, moderate/severe diabetic foot ulcers and animal bites)

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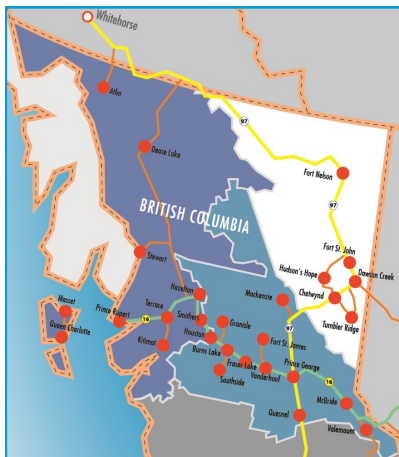
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## Notable Quotable:



### 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

MHO Contacts during office hours

**Dr. Sandra Allison, Chief MHO**

Ph: 250-565-7424; Cell: 250-612-2582  
[sandra.allison@northernhealth.ca](mailto:sandra.allison@northernhealth.ca)

**Dr. Raina Fumerton** **MHO-NORTHWEST HSDA**

and **ACTING MHO-NORTHEAST HSDA**

Ph: 250-631-4261; Cell: 250-641-1758  
[raina.fumerton@northernhealth.ca](mailto:raina.fumerton@northernhealth.ca)

**Dr. Andrew Gray** **MHO-NORTHERN INTERIOR HSDA**

Ph: 250-565-7461; Cell: 778-349-4398  
[andrew.gray@northernhealth.ca](mailto:andrew.gray@northernhealth.ca)

**Dr. Ronald Chapman, MHO and VP Medicine**

Ph: 250-649-7653; Cell: 250-961-3234  
[ronald.chapman@northernhealth.ca](mailto:ronald.chapman@northernhealth.ca)

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



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## NH Antimicrobial Stewardship (AMS) program: Antimicrobials - Handle with Care, cont'd.

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Note that probenecid is contraindicated in patients with renal dysfunction and should not be used in patients with a creatinine clearance (CrCl) of less than 30 mL/min. Patients with CrCl of less than 30 mL/min could be treated with cefazolin at a reduced frequency (see below).

Creatinine Clearance (mL/min)	Cefazolin dosing
10 - 30	Cefazolin 2 g IV q 12h (no probenecid)
Less than 10	Cefazolin 2g IV q 24h (no probenecid)
Hemodialysis	Cefazolin 2 g IV after dialysis 3 x/week (no probenecid)

There is a Canadian manufacturer in Quebec that is now compounding probenecid capsules. Several other Health Authorities (HA) in Canada (including BC) are currently ordering from this manufacturer. The probenecid product being compounded is not available via community pharmacies (manufacturer will only sell to hospital pharmacies); therefore NH facilities will be required to provide patients with this oral medication. Providing patients with oral probenecid daily (when patient returns for cefazolin dose) will prevent any wastage, specifically in situations of undetermined duration of therapy; also probenecid should be taken 10 to 30 min prior to the cefazolin dose. If patients require a split dose twice daily to minimize GI side effects, compliance will have to be reinforced to ensure the 2<sup>nd</sup> dose is taken.

As per NH policy 1-5-1-060: Dispensing medications by health care providers, registered nurses are able to dispense a home dose (if needed) from a wardstock bottle into a child-proof bottle with appropriate medication label for the patient to take home. Pharmacy departments will provide generic labels that can be filled in by nurses with patient specific information.

Probenecid will be available for prescribing May 1<sup>st</sup>, 2017. There is a regional order set under development for use of IV antimicrobials in the outpatient setting which will include this treatment option. Keep watch for future communications regarding this new order set; if you are interested in being a stakeholder for this order set please contact the program coordinator listed below.

Submitted by: Alicia Ridgwell,  
Antimicrobial Stewardship Pharmacist

## Physicians can stock free STI medications, available from the BC Centre for Disease Control

**Free STI medications** are available through the BC Center for Disease Control to treat Sexually Transmitted Infections in your practice. **By stocking these medications in your clinic, you will be able to treat patients and their sexual partners at the time of presentation, without concerns about cost.** Easy access to timely treatment decreases the risk of sequelae and prevents further transmission and re-infection.

The following medications are available to order for your clinic:

Amoxicillin	Doxycycline
Azithromycin	Erythromycin
Cefixime	Metronidazole
Ceftriaxone	Benzathine penicillin (requires maintenance of cold chain)

For treatment indications and dosing, please refer to the *British Columbia Treatment Guidelines Sexually Transmitted Infections in Adolescents and Adults 2014* at <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/sexually-transmitted-infections>.

If you choose not to order stock for your clinic, patients will continue to be able to access free STI treatment through local Health Units.

### How to order medications for treatment of STIs

- The **STI Drug Order Request Form** can be downloaded from the BCCDC website at [http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Pharmacy/STIDrugOrderRequestFormBWFeb2012\\_final2.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Pharmacy/STIDrugOrderRequestFormBWFeb2012_final2.pdf)
- Estimate and order a **2 month supply at a time**.
- Fax the completed order form to **604-707-2583**.
- For first time orders, a nurse may call your office to discuss quantities.
- Medication can be ordered as often as needed, in case you go through your supply sooner.

- Your medication order will be mailed to you from BCCDC in Vancouver. Please allow 14 days for delivery.

### For more information:

- For more information regarding the STI Drug Order program, please contact BCCDC Vaccine and Pharmacy Service by phone at **604-707-2580** or by fax at **604-707-2583**.
- For other information on STI testing and management, please see the BCCDC web site at <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/sexually-transmitted-infections>.

Submitted by:  
Sujata Connors, Manager Community Programs  
Sarah Brown, Public Health Resource Nurse



## Opioid use disorder: New treatment guidelines and CME opportunities

New provincial guidelines on the clinical management of opioid use disorder have been released by the BC Centre on Substance Use, and are available at [bccsu.ca](http://bccsu.ca). These guidelines provide practical clinical strategies and tools covering the following topics:

- Withdrawal management
- Opioid agonist therapy (OAT) and other pharmaceutical options:
  - Buprenorphine/naloxone (Suboxone™)
  - Methadone
  - Slow-release oral morphine
  - Naltrexone
  - Injectable medications (diacetylmorphine and hydromorphone)
- Psychosocial treatment interventions and supports
- Harm reduction strategies

See [http://www.bccsu.ca/wp-content/uploads/2017/02/BC-OUD-Guidelines\\_FINAL.pdf](http://www.bccsu.ca/wp-content/uploads/2017/02/BC-OUD-Guidelines_FINAL.pdf) for the full guidelines, which officially take effect on June 5, 2017. Until then, the previous guideline issued by the College of Physicians and Surgeons of BC relating to methadone and buprenorphine (<https://www.cpsbc.ca/files/pdf/MBMT-Clinical-Practice-Guideline.pdf>) remains in effect.

Upcoming CME opportunities relating

to OUD treatment in northern BC include:

Thursday, May 11, 18:30 – North 54, Prince George  
Provincial Guidelines for the Clinical Management of Opioid Use Disorder (Dr. Stephan Ferreira)  
RSVP: Kathleen MacDonald at [kathleen.macdonald@indivior.com](mailto:kathleen.macdonald@indivior.com)

Friday, May 12, 15:20-16:10 – Prince George Civic Centre  
Addictions: Treating Substance Use Disorder in the Office and Hospital (Dr. Gerrard Prigmore)  
Part of the BC Rural Health Conference see <http://ubccpd.ca/courseRHC2017> for details.

Saturday, May 13, 13:00-13:50 – Prince George Civic Centre  
Plenary on Addictions (Dr. Granger Avery, Dr. Gerrard Prigmore, Dr. Keith Ahamad, Dr. Barb Kane)  
Part of the BC Rural Health Conference – see <http://ubccpd.ca/course/RHC2017> for details.

Friday, June 2, 8:00-16:00 – Coast Inn of the North, Prince George  
Prescribers' Course [for chronic pain] (CPSBC)  
Register at <https://www.cpsbc.ca/for-physicians/professional-development/prescribers-course-2017-06-02>

[prescribers-course-2017-06-02](https://www.cpsbc.ca/for-physicians/professional-development/methadone-buprenorphine-101-2017-06-03)

Saturday, June 3, 8:00-16:30 – Coast Inn of the North, Prince George  
Methadone/Buprenorphine 101 Workshop (CPSBC)  
Register at <https://www.cpsbc.ca/for-physicians/professional-development/methadone-buprenorphine-101-2017-06-03>

We strongly encourage primary care physicians and others who may treat patients with addictions or chronic pain to consult these resources and develop their skills in this area.

### Source:

Dr. Andrew Gray, MHO, NI HSDA

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>

