

## In This Issue

Vaccination Status  
Reporting  
Regulation.....p.1-2

Important Information  
on Ebola Virus  
Disease.....p.2-3

AMS Topic of the  
Month-New Regional  
Order sets.....p.4

Interim guidelines for  
the use of rabies  
vaccine.....p.4-5

### After hours calls to UHNBC Switchboard

- 250-565-2000
- Press 7
- Ask for the MHO on-call

## Vaccination Status Reporting Regulation

The Vaccination Status Reporting Regulation came into effect July 1, 2019 in BC. With the implementation of this new regulation, school-aged children's vaccination records will be collected and reviewed, and physicians and public health officials will be given an opportunity to connect with families that may be under immunized or unimmunized. This increases public health's ability to respond during an outbreak, as it allows health officials to quickly identify those who are under immunized and unimmunized.

Parents may request that their child's physician provide the immunization record of vaccines they gave to their child. As noted in the August 1<sup>st</sup> Doctors of BC communication, this is not an MSP funded service. Although physicians are free to charge parents a reasonable cost, Doctors of BC encourages physicians to recognize that not providing the record may be a barrier to school attendance. For more information on this policy, please see the [Immunize BC](#) or the [HealthLink BC](#) website.

### Medical exemptions to vaccines:

As part of the Vaccination Status Reporting Regulation, parents may also request vaccine exemptions for their children. Physicians must know that **there are very few true contraindications to receiving publically funded vaccines** and should only attest for valid medical exemptions. Circumstances that may warrant a medical exemption for the MMR vaccine include:

- Severe allergic reaction (anaphylaxis) after a previous dose or to a vaccine component
- Known severe immunodeficiency (e.g. primary or secondary immunodeficiency, hematologic and solid tumors, chemotherapy, long-term immunosuppressive therapy, HIV infection with severe immunocompromised)
- Active, untreated tuberculosis
- Pregnancy
- Family history of congenital or hereditary immunodeficiency

## Vaccination Status Reporting Regulation continued

Additional details and precautions for individual vaccines can be found in the [Canadian Immunization Guide](#), or consult your local Medical Health Officer with questions about medical exemptions.

Common parental concerns that do NOT warrant a medical exemption:

- Fear of potential adverse consequences (e.g. autism).
- Siblings who have experienced adverse events.
- Family history of adverse event in association with an immunization.

If there are no contraindications, physicians should advocate that it is in the child's best interest to receive the vaccine.

While it can be hard navigating conversations about vaccine hesitancy, the "[ASK](#)" approach is one way to effectively facilitate the conversation:

- **A**cknowledging parental concerns.
- **S**teering the conversation.
- **K**nowing the facts so that questions can be answered confidently with evidence.

While not every style of communication works for every parent or physician, additional methods that have worked to reassure parents include:

- Listening and acknowledging parental concerns in a non-confrontational manner.
- Providing important information and check understanding.

- Clarifying misbeliefs and reaffirm correct beliefs.
- Discussing the benefits of vaccines and the possibility of adverse events. Be open about what is known and what is not.

If the family continues to refuse consent for vaccination, document the discussion and prompt them that the topic of vaccination at each subsequent visit will be revisited. Ensure to provide accurate resources so that the family can review them privately.

For more information on addressing vaccine hesitancy, see the recent [Canadian Family Physician](#) article.

## Important Information on Ebola Virus Disease

On July 17, 2019, the World Health Organization declared a **Public Health Emergency of International Concern regarding the Ebola outbreak in the Democratic Republic of the Congo (DRC)**. This letter is to ensure regional health authorities and emergency departments are aware that Ebola remains a threat globally and we must be prepared to safely evaluate and care for someone who might have been exposed.

A protocol has been established in BC for all physicians to **immediately notify their local Medical Health Officer (MHO) if they suspect EVD in any patient**. Note that at this time **the risk is limited to those who have travelled to the DRC**. If the patient is in a hospital, the hospital infection control/medical microbiologist should also be immediately contacted. While a risk assessment is being discussed with the

MHO, the patient should be placed in a single room with the door closed or in an isolation room if available. Physicians must not send a patient suspected of having EVD to a community laboratory. The BC Ambulance Service is prepared to transport patients to emergency departments. If the patient is able to travel by private vehicle, the emergency department must be notified ahead of time.

National and provincial guidance documents related to infection control, laboratory work-up, clinical guidance, public health management and notifications are posted on the [BC Ministry of Health website](#).

Detailed protocols for primary care physicians: [Primary care guideline for the management of people concerned about/potentially exposed to Ebola](#).

Detailed protocols for Emergency Departments: [Emergency department Ebola virus disease \(EVD\) risk assessment algorithm](#).

Details on public health follow up and management of contacts including returning healthcare workers [BC Ebola virus disease \(EVD\) contact investigation and management guideline](#).

Additional national documents can also be found on the [Public Health Agency of Canada website](#).

### **Ebola virus disease (EVD)**

Ebola virus disease is a severe disease that causes hemorrhagic fever in humans and animals. Diseases that cause viral hemorrhagic fevers, such as Ebola, are often fatal as they affect the body's vascular system and can lead to

significant internal bleeding and organ failure.

Information on Ebola virus disease, including symptoms, prevention and treatment, is available at the [BC Centre for Disease Control \(BCCDC\)](#) and the [Public Health Agency of Canada](#). The Ebola virus does not spread easily from person to person. It is spread through direct contact with infected bodily fluids, particularly blood, vomitus, and feces. It is not spread through casual contact. An infected individual is contagious only once symptoms appear. Other illnesses are much more prevalent in this region and should also be considered (e.g., Malaria). Ill patients require intensive supportive care and early treatment appears to improve survival significantly. For detailed information on the situation in Africa refer to the [World Health Organization updates](#).

**There have not been any cases of Ebola in Canada and the risk to people in BC remains very low.** There are airport screening measures in place in all affected countries. It is possible, however, that a traveler may present to a physician's office or to the emergency department with fever and other symptoms of EVD within the 21-day incubation period.

The Office of the Provincial Health Officer, the BCCDC, and regional health authorities will continue to collaborate within BC and both nationally and internationally as the EVD situation evolves. It is expected to take many more months before the situation in DRC is controlled. Until that happens, the risk of importation of a case of EVD into BC remains a possibility, although remote. Physicians are encouraged to

remain vigilant and connect with their health authority leads and their local MHOs if they have any concerns.

## Antimicrobial Stewardship Topic of the Month: New Regional Order Sets

The Northern Health (NH) Antimicrobial Stewardship Program has developed **two new regional order sets for initial dosing of vancomycin and aminoglycosides for adult inpatients.**

These order sets can be used at all inpatient facilities in NH to assist with initial dosing and monitoring until a pharmacist is available. NH pharmacists will provide follow-up for ongoing maintenance dosing and monitoring following procedures outlined in NH clinical practice standard [1-20-6-1-100](#).

For sites without weekend and holiday pharmacist coverage, the UHNBC pharmacy can provide service through the dispensary (250-565-2317), or the pharmacist on call if required outside of the UHNBC pharmacy hours of operation.

The order sets include the following information:

### Initiation of Vancomycin for Adult Inpatients (Order Set 10-111-5335):

- Dose banding table for loading dose and initial maintenance dose based on total body weight.
- Initial dosing interval based on estimated (calculated) creatinine clearance.
- Orders for initial labs for monitoring.

### Initiation of Aminoglycosides for Adult Inpatients (Order Set 10-111-5336):

- Information on high-dose extended-interval dosing and conventional (multiple daily dose) dosing.
- Calculations for dosing based on patient weight (usually based on ideal body weight, but see order set for additional information on patients who are underweight or obese).
- Initial dosing interval based on estimated (calculated) creatinine clearance.
- Orders for initial labs for monitoring.

The order sets can be printed from [Document Source](#) and are also posted on the [NH physicians](#) website in the [Antimicrobial Stewardship section](#).

## Interim guidelines for use of the rabies vaccine

Following the fatal case of rabies in B.C. on July 14<sup>th</sup> there has been a considerable increase in the provision of Rabies Post Exposure Prophylaxis (RPEP), which includes both rabies vaccine and rabies immunoglobulin, across the province. This had led to a province wide shortage of rabies immunoglobulin and especially rabies vaccine. The Provincial Health Officer (PHO) and the BC Centre for Disease Control (BCCDC) are asking for cooperation in following updated guidelines created to conserve both rabies vaccine and rabies immunoglobulin (RIG). [Rabies immunoglobulin conserving guidelines](#)

advise that any area of exposure or wound be infiltrated, and **that no additional RIG be given via the IM route** as this has been shown to be of limited effectiveness.

Now that Health Authorities have successfully implemented [rabies immunoglobulin conserving guidelines](#) the PHO and BCCDC are asking that Health Authorities (HA) implement new rabies vaccine conserving guidelines (attached), which advise for the **preferential use of intradermal rabies vaccine administration**. This will allow for fewer doses of vaccine to be used as well as less volume of vaccine, therefore multiple clients can receive vaccine from the same vial within 6 hours of opening it.

In order to most efficiently follow these guidelines and conserve vaccine, HA's are being asked to centralize the provision of RPEP in order to batch doses of vaccine together. At this time, central sites for the provision of RPEP will be the sites that RPEP is currently stored in – Prince George, Fort St. John, Dawson Creek, Terrace and Smithers. Further sites may be considered based on demand. This will require clients who live in other communities to travel to receive RPEP. Clients from remote communities will not be required to travel and the Medical Health Officer will review individual requests to not travel for RPEP.

We appreciate that these changes may be less convenient for patients; however, we need to manage vaccine supply efficiently to be able to continue the timely provision of RPEP when indicated. As before, please continue to consult with a Medical Health Officer before beginning an RPEP series.

For questions specific to the interim guidelines for the use of rabies vaccine, please consult your local Public Health Resource Nurse, the Northern Health CD HUB (250-565-2990) or Medical Health Officer. After hours and weekends, the MHO on call can be reached at 250-565-2000.

## Medical Health Officer Contacts

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

Dr. Jong Kim, MHO Northeast HSDA  
Ph: 250-261-7235 Cell: 250-793-3751  
[jong.kim@northernhealth.ca](mailto:jong.kim@northernhealth.ca)

Dr. Rakel Kling, Interim MHO Northern Interior HSDA  
Ph: 250-565-5618 Cell: 250-640-5893  
[rakel.kling@northernhealth.ca](mailto:rakel.kling@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)