Sharing Public Health News & Views

Nexus

with the Health Care Community

Vol. 10, No. 3
Oct 2015

Fentanyl Deaths in Leeds, Grenville & Lanark Counties

Fentanyl misuse, overdose and deaths is an increasing problem in our community. The Health Unit is working with healthcare providers, law enforcement, and community members to increase awareness of the problem and collaborate on an initiative to prevent further deaths.Tools and educational materials for healthcare providers and pharmacists will soon be available on our website www.healthunit.org/professionals/.

Fentanyl Use and Misuse[1,2,3]

- Fentanyl is a synthetic opioid prescribed to treat severe pain.
- It is approximately 100 times more potent than morphine and 40 times more potent than heroin.
- Illicit use occurs primarily through diversion of prescription fentanyl patches.
- Patches are being smoked, chewed, eaten, and broken down by extraction for injection.
- The potency of fentanyl makes it high risk for overdose and death in both opioid-naïve and tolerant users.

Fentanyl Deaths

- About ten deaths in the tri-county area in the past 18 months are likely related to fentanyl misuse.
- From 2009-2014 there were at least 655 confirmed fentanyl-related deaths in Canada.[2]
- Most deaths were in Ontario, where there were 466 accidental or undetermined fentanyl-related deaths from 2009-2013.[2]

Fentanyl Patch-for-Patch Initiative[1]

- Fentanyl patch return programs have been implemented in other jurisdictions in Ontario in an effort to prevent prescription diversion, and some physicians and pharmacists are using this approach locally.
- The program relies on collaboration between physicians, pharmacies, and individuals to promote the safe use and disposal of fentanyl patches.
- The program requires that individuals return any previously dispensed fentanyl patches to the pharmacy prior to filling their next prescription.
- There is currently support for Patch-For-Patch in a Private Member's Bill 33 'An Act to reduce the abuse of fentanyl patches' introduced in the Ontario Legislature in October 2014. [4]

Fentanyl and Opioid Overdose Prevention[5]

- Naloxone is a safe and effective emergency treatment for opioid overdose that can prevent death by reversing overdose within a few minutes.
- Having an opioid user, friend, or family member trained to give naloxone at the time of overdose can save a life.
- Naloxone take-home kits and training are available to community members through our Health Unit 'Revive' program, please visit our website www.healthunit.org/harmreduction/revive.html

References:

1. Ontario Association of Chiefs of Police. Patch4Patch Initiative: Fentanyl abuse prevention – A shared responsibility. November 2014.Available from: http://www.oacp.on.ca/Userfiles/Files/NewAndEvents/PublicResourceDocuments/Master%20Patch%204%20Patch_REV_Mar%2016_2015%20_2.pdf
2. Canadian Centre on Substance Abuse. Fentanyl-related overdoses. CCENDU Drug Alert. February 2015. Available from: http://www.ccsa.ca/Resource%20Library/CCSA-CCENDU-Drug-Alert-Fentanyl-related-Overdoses-2015-en.pdf
3. University of Alberta Multidisciplinary Pain Centre. Conversion between opioid analgesics. Available from: http://www.uofapain.med.ualberta.ca/ForHealthProfessionals/OpioidConversionGuide.aspx
4. Bill 33: An Act to reduce the abuse of fentanyl patches. 2nd Reading May 07, 2015, Legislative Assembly of Ontario. Available from: http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=3059&detailPage=bills_detail_the_bill
5. Ontario Harm Reduction Distribution Program. Community-based overdose prevention education and naloxone distribution. November 2013. Available from: http://issuu.com/ohrdp-guidancedocument/docs/guidancedocfinalweb-_13

INSIDE:

nexus ('nek-sus) noun, Latin: bond, tie; from nectere - to bind : a connection or link between things, persons, or events esp. that is or is part of a chain of causation

Source: Merriam-Webster's Dictionary of Law, © 1996 Merriam-Webster, Inc.

Leeds, Grenville & Lanark District HEALTH UNIT

Influenza Immunization

For the 2015-16 influenza season, the Ministry of Health and Long-Term Care (MOHLTC) is providing six possible vaccines for use with specific groups. The following table describes the doses on each one, the target group, and the dimensions of the package.

The influenza vaccine arrived the week of September 21st with the first allotment going to long-term care facilities and to health care providers for high risk groups. The second shipment will go to health care providers for all clients, and the third to the pharmacies and Health Unit immunization clinics. The Health Unit clinics will start mid-November across the region.

The Health Unit will be providing information about the vaccines in the vaccine orders when they are filled and sent out to the community partners.

Influenza Vaccine	Vaccine Formulation	Package Description	Approximate Package Dimension LxWxH	Route of administration	Eligibility
Agriflu® Fluviral®	TIV	Multi-dose vial	3cm x 3cm x 7cm 2.7cm x 2.7cm x 6.9cm	Intramuscular Injection	6 months and older*
Influvac®	TIV	Single dose syringe	18.8cm x 15.2 cm x 1.7cm	Intramuscular Injection	18 years and older*
Fluad®	TIV (adjuvanted)	Single dose syringe	10.8cm x 10.2cm x 4.4cm	Intramuscular Injection	65 years and older who reside in long-term care home
FluLaval Tetra® Fluzone Quadrivalent®	QIV	Multi-dose vial	2.7cm x 2.7cm x 6.9cm 3cm x 3cm x 6cm	Intramuscular Injection	6 months through 17 years

***** Unless specifically requested the trivalent influenza vaccine is primarily targeted to adults 18 years of age and older.

****** Children and adolescents 2 through 17 years of age can choose between either quadrivalent inactivated or live attenuated influenza vaccines. The live attenuated vaccine is the preferred vaccine for children 2 through 5 years of age.

Restricted Access to Publicly Funded Tubersol

As of September 2014, the Ministry of Health and Long-Term Care will only allow the use of provincially funded Tubersol for the following situations:

- To screen contact of cases of active tuberculosis to assess for possible transmission.
- To screen new immigrants in accordance with the directives from Citizenship and Immigration Canada.
- To screen individuals for whom it is deemed medically necessary, including those who are immune compromised or undergoing treatment, that would make them more susceptible to TB disease.
- To screen individuals less than 65 years of age prior to admission to a long-term care facility.

Health care providers can contact a Public Health Nurse on the Infectious Disease Team (613-345-5685 ext. 2445) to arrange Mantoux testing at one of the Health Unit Clinics for adolescents and adults meeting the above criteria.

Provincially funded Tubersol is not to be used in the skin test for routine screening of tuberculosis in healthcare workers, volunteers, and students. Physicians can purchase Tubersol directly from the manufacturer or from their local pharmacy for clients who do not meet the above criteria.

Clients who request Mantoux testing at the Leeds, Grenville and Lanark District Health Unit and who do not meet the requirements for publicly funded Tubersol will be charged a $25 fee for a one-step test or $50 for a two-step test.

If you have any questions regarding these changes please contact the Infectious Disease Team at 613-345-5685 ext. 2445, or toll free at 1-800-660-5853, or e-mail us at webmaster@healthunit.org.

The Biggest Risk is Keeping Kids Indoors

"For the first time, the ParticipACTION Report Card takes a stand on play in nature and the outdoors—with its risks—and includes a *Position Statement on Active Outdoor Play*. The statement was developed by the Healthy Active Living and Obesity Research Group at the Children's Hospital of Eastern Ontario Research Institute (HALO-CHEO), ParticipACTION and a group of 12 other organizations, and was supported by over 1,600 stakeholders from across Canada and around the world." www.participaction.com/report-card-2015/report-card/

The Position Statement states that access to active play in nature and outdoors – with its risks – is essential for healthy child development.

- Kids move more and sit less when they play outside and have some freedom to roam unsupervised and take risks.
- Ontario preschoolers spend twice as much time being active when play is outdoors.
- Students take 35 per cent more steps in physical education class when it is held outdoors.
- Canadian kids aged 9 to 17 who play outside after school get 20 more minutes of heart-pumping activity per day, and are three times more likely to meet the Canadian Physical Activity Guidelines.
- Grade 5 and 6 students who are often or always allowed to go out and explore unsupervised get 20 percent more heart-pumping activity than those who are always supervised.

- Adventure playgrounds and loose parts playgrounds, which support some exposure to risky elements, lead to an increase in physical activity and decrease in sedentary behaviours.
- Self-directed outdoor play also helps foster healthy social and cognitive development.
- Children who engage in active outdoor play in natural environments demonstrate resilience, self-regulation and develop skills for dealing with stress later in life.

The Position Statement on Active Outdoor Play included recommendations for a variety of target groups including:

- **Parents:** Encourage children to engage more fully with their outdoor environments in a variety of weather conditions. When children are supported to take risks, they have more fun and learn how to assess and manage risk in all areas of their lives.
- **Health Professionals:** Be influential! Promote every child's connection with nature and the outdoors—identify outdoor play resources and partner with municipalities, parks, nature-related organizations, parent groups and children to support this process.

Two Dose HPV Immunization Program in Schools

The National Advisory Committee on Immunization reviewed the recent research evidence for HPV immunization, and decided that the evidence strongly supported going from three to two doses for girls aged 9 to 14[1]. The schedule change will also decrease any adverse effects (minimal) and hopefully increase participation in and completion of the series.

The Ministry of Health and Long-Term Care has modified this recommendation and recommended that the two dose schedule be restricted to girls in grade 8 who have not reached their 14th birthday at the start of the HPV series. The reason for this is because Gardasil has only been approved by Health Canada for girls aged 9 to 13.

Balancing these two approaches, the Health Unit will be providing two school HPV immunization clinics for grade 8 girls with the doses separated by 6 months. If a girl is 14 or older at the time of the first HPV dose then the parents will be contacted to discuss the NACI recommendation and the MOHLTC recommendation. If the parents decide they do want the three dose schedule then the additional dose will be given at one of the 6 Health Unit clinics in the region.

References:

1. http://www.phac-aspc.gc.ca/naci-ccni/acs-dcc/2015/hpv-vph_0215-eng.php

Gonorrhea Increasing in Ontario

In Ontario, rates[2] of gonorrhea have been increasing along with increasing antibiotic resistance. To support health care providers, the Leeds, Grenville and Lanark District Health Unit is developing a quick reference tool for the testing, treatment, and follow-up of gonorrhea and other bacterial sexually transmitted infections (STIs) that will be available on the website at www.healthunit.org/professionals/. The tool is based on recent updates to guidelines for testing and treating gonorrhea to address local multi-drug resistance patterns, to mitigate further antibiotic resistance, and to decrease the sequelae associated with infection.

Gonorrhea Testing

Urethral, cervical, pharyngeal, or rectal culture is the preferred method of testing for symptomatic individuals. Antibiotic susceptibility testing is only available on cultured isolates, and this is essential to ensure the most appropriate treatment. NAAT may be used in addition to, or as an alternate to, culture if it is not available, for those with symptoms. Urine or cervical nucleic acid amplification testing (NAAT) is indicated for screening asymptomatic individuals.

Gonorrhea Treatment

Province-specific 'Guidelines for Testing and Treatment of Gonorrhea in Ontario' were released in 2013, in light of trends of antimicrobial resistance, as well as to mitigate further resistance.[3] Public Health Ontario research revealed that almost 40% of gonorrhea cases in 2014 were not treated according to either provincial or national recommendations.[2]

Recommended first-line treatment for gonorrhea is **Ceftriaxone 250 mg IM Plus Azithromycin 1 g PO**. This is the treatment of choice for confirmed or suspected uncomplicated anogenital and pharyngeal gonorrhea infection in adults and youth older than nine years old, including pregnant and breastfeeding women, as well as asymptomatic sexual contacts(unless otherwise contraindicated)[1]

Cefixime plus Azithromycin was the recommended first line treatment but this has changed to second line treatment because treatment failures have been documented in Ontario.[2]

Testing and treatment with antibiotic therapy is available at the Health Unit Sexual Health Clinics at no cost. See our website for times and places www.healthunit.org.

Public Health Ontario's Guidelines for Testing and Treatment of Gonorrhea:

2013 Guidelines: http://www.publichealthontario.ca/en/eRepository/Guidelines_Gonorrhea_Ontario_2013.pdf

Quick Reference: http://www.publichealthontario.ca/en/eRepository/Guidelines_Gonorrhea_Ontario_Guide_2013.pdf

FAQs: http://www.publichealthontario.ca/en/eRepository/Guidelines_Gonorrhea_Ontario_FAQ_2013.pdf

Training: http://www.publichealthontario.ca/en/LearningAndDevelopment/Pages/Gonorrhea-Online-Training-Module.aspx

Public Health Agency of Canada's Canadian Guidelines on Sexually Transmitted Infections:

Gonorrhea: http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-6-eng.php

Chlamydia: http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-2-eng.php

Infectious syphilis: http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-10-eng.php

References:

1. Lee C, Whelan M. Repeat Bacterial Sexually Transmitted Infections. Public Health Ontario Grand Rounds, July 5th 2011.

2. Whelan M, Allen V. Neisseria gonorrhoeae: The Ontario perspective. Public Health Ontario Grand Rounds, May 5, 2015.

3. Workowski KA, Bolan GA. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64(3):61.

4. Public Health Ontario. Guidelines for testing and treatment of gonorrhea in Ontario. Toronto, ON: Queen's Printer for Ontario; April 2013.