

## SUMMARY

### Monthly LGL Health Care Providers - Public Health Networking Call Tuesday, September 5, 2023

*Posted summaries are available here: [Home](#) » [For Professionals](#) » [Health Care & Dental Professionals - Current Memos/Notices from Leeds, Grenville and Lanark District Health Unit.](#)*

**Recording:** [LGL Health Care Providers \(HCPs\) - Public Health Networking Call - Zoom](#)

**Password:** 1Z4iahp. (Remember to include period in password.)

#### 1.0 Welcome – Dr. Linna Li, Leeds, Grenville & Lanark District Health Unit Medical Officer of Health (Chair)

Welcome to all those in attendance. Recorded – posted on our HCP website section.

#### 2.0 General Health Updates – Dr. Linna Li, LGLDHU MOH

##### 2.1 2023-24 Respiratory Season

Reminder to everyone that the respiratory season is coming sooner than later; COVID-19 transmission levels locally are on the rise, and certainly globally there is a trend toward rising cases in certain countries and in parts of Ontario.

There is circulation of a new sub-strain of Omicron called EG.5; some people call it Eris. This different sub-strain is thought to become the dominant strain in Ontario. We are seeing a rise in outbreaks in long-term care homes and retirement homes – typically cases will come from community transmission being brought into these settings. Potentially rising now in the community and will likely continue to rise. It is possible that the COVID vaccine may contain different strains of vaccine based on manufacturers' development; again the primary vaccines that will become available will be the mRNA vaccine in Canada and certainly in Ontario with the possibility of non-mRNA vaccines available in smaller quantities.

In the southern hemisphere, we saw a preview of what we may see in the northern hemisphere. Southern hemisphere saw primarily flu, with a lesser extent of RSV. Transmission was predominantly among children with two bands: 0-4 /10-14 age groups. The flu was very consistent with what was in the vaccine with about 90 to 95% coverage, though as the flu virus evolves, that number can change. The flu vaccine is composed of influenza A strains and two strains of B: B/Yamagata and B/Victoria. Interestingly, B/Yamagata was not seen – interesting possibilities of it being eradicated.

The province's intention is to have flu and COVID-19 available in the fall – not clear on when the vaccines will arrive. We have shifted away from dose counting so roll-out will be more of a seasonal flu model. Vaccines will likely be offered simultaneously.

##### 2.2 RSV Vaccine

New product – as a reminder causes the common cold that infects people across the age spectrum – more so in younger children and infants and older adults; adults less likely to encounter RSV. Still concerned about young children not having exposure due to COVID, similar to what we saw last year in winter.

Globally, two classes of vaccine that will become available – one for adults; one for children, and pregnant individuals with the only vaccine approved in Canada for older adults. From a clinical perspective, the greater concern is among children.

RSV can cause disease and even severe disease in older adults and can be a source of outbreaks in long term care homes and retirement homes. There is no NACI guidance yet. Province may launch campaign in the fall. In the absence of a provincial campaign or universal coverage; the vaccine may become available through pharmacies for purchase. It is unlikely until a provincial campaign happens.

### 2.3 Anaplasmosis, Babesiosis, and Powassan

Reminder that tick season continues. We have 3 new tick borne reportable diseases as of July 1, 2023. Except for Powassan, we have seen these diseases in our area in particular. Have not seen any reports of Powassan in Ontario in a while (named after a town in Ontario where the first case happened). Anaplasmosis and Babesiosis is in our area.

They are clinically distinct from each other and also clinically distinct from Lyme disease. If you suspect a case do testing if you get any positives or clinical suspicion, please report to the Health Unit. Our role is collating the regional data in our area – really an epi focus for us.

Q: Are we able to test for Anaplasmosis and Babesiosis?

A: Yes, you can test by using the Public Health Ontario General Requisition form. Public Health Ontario links are listed below (and available on their website).

- Anaplasmosis
  - [Brief clinical information \(see page 3\)](#)
  - [PHO testing information](#)
- Babesiosis
  - [Brief clinical information \(see page 3\)](#)
  - [PHO testing information](#)
- Powassan testing
  - [Brief clinical information \(see page 3\)](#)
  - [PHO testing information](#)

Q: With tick borne illnesses, should we be testing for the array of diseases?

A: It is a little bit complex. For Lyme we know how transmission happens, the timing for testing, symptoms, etc. For these other diseases, it is less clear. The clinical syndromes are different for each infection. For example, Anaplasmosis effects red blood cells so you may have for example jaundice, etc. These different syndromes may lead to different testing. If a patient comes in that has had a tick attached and would like to receive testing; the utility of testing for everything is probably low unless they have symptoms. More familiar with the epidemiology rather than with clinical symptoms.

Powassan is not something you would test in a panel of testing; it is encephalitis – process is much more involved. If you suspect Powassan, please give the Health Unit and Public Health Ontario a call. Powassan is not a test that is straightforward to order.

We will look into it in the next month and give a more substantial update. More to come on the other two diseases.

Tick Bite Precautions: [Be Tick Smart! - Leeds, Grenville and Lanark District Health Unit](#)

#### 2.4 Eastern Equine Encephalitis Virus

Another vector borne disease not transmitted from person to person; primarily transmitted to horses through mosquitoes. Occasionally transmitted to humans. There is a possible risk of severe infection, however no human cases have been found in Ontario. It is also encephalitis. We have seen horses infected in our Leeds, Grenville and Lanark region which is significant because we know there are mosquitoes in the area that carry the virus. It is something to be aware of. If you feel there is a suspect case, please consider testing.

- Eastern Equine Encephalitis
  - [PHO testing information](#)

Please remind all patients to follow good insect bite prevention [Prevent Mosquito Bites - Leeds, Grenville and Lanark District Health Unit](#).

### 3.0 **Vaccines and Clinics – Erin McLean, LGLDHU Immunization Coordinator**

#### 3.1 School Immunization Program for 2023-24

Plan for fall of 2023:

- New consent forms going out to grade 7 students during first week of school.
- In school clinics will start in October for grade 7's as well as the grade 8 and 9 students who still need their 2nd doses of Hep B and HPV.
- Early evening in-office clinics have been organized this fall at our Health Unit offices for the students in grade 10-12 who need additional doses. This is to address the timing of 3 dose series now that they have reached or will reach 16 years of age.

Student exemption process under ISPA and the CCEYA:

- We will still be asking families to have either the medical or conscious objection forms completed and submitted.
- We are not planning any school suspension notifications. We will work on some reminder messaging later this fall to submit immunization records via our website.  
<https://healthunit.org/health-information/immunization/immunization-notices/>

#### 3.2 Fall Vaccines – Influenza and COVID Updates

- At the MOHLTC they have been combining their COVID and regular vaccine program staff.
- Work has been done to align priority groups for flu and COVID to make vaccine timing simpler.
- Goal is to have COVID and flu administered concurrently in Long-Term Care and other high risk populations starting in late September, then expanding to rest of the population.
- COVID vaccines – new XBB version
  - Have been approved for use.
  - Will be available – no dates confirmed yet:
    - Pfizer likely sometime in September
    - Moderna likely sometime in October
    - Novavax likely sometime in October
    - Moderna likely sometime in October
    - Novavax likely sometime in October
  - Additional changes for COVID vaccines:
    - Monovalent vaccines no longer available in any age group for Pfizer and soon for Moderna
    - Moderna plans to have only one vaccine, and dosage will vary by age

- Health Unit support for flu and COVID:
  - Flu vaccines will be distributed to Long-Term Care and other high risk settings in late September based on the allotment sent to us.
  - Second shipment of vaccine that is received by the Health Unit will be sent out to primary care as soon as possible after it is received.
  - We are updating our online order forms to reflect new vaccines as soon as we have the information needed.
  - We will be sending out an update with guidance documents as soon as they are made available to us.
  - We still have COVID bivalent vaccines that are available through our online order process.
  - Health Unit COVID clinics will be small, infrequent and targeted to support vaccine administration to:
    - Clients who are unable or unwilling to receive mRNA vaccines (Novavax only, Janssen is no longer available).
    - Clients in urgent need of their primary series for employment.
    - Children under 12 as most pharmacies will not immunize the younger population.
    - We will be encouraging adults to get their COVID booster at the same time as their flu vaccine, either at PCP or pharmacy.
- Health Unit staff will not be going into Long-Term Care and Retirement Home settings this year to assist; we do not have the extra staff we had during COVID.

#### **4.0 PPE & Respiratory Season – Dr. Linna Li, LGLDHU MOH**

##### **4.1 College of Physicians – IPAC considerations for Infectious Respiratory Diseases**

- New guidance. We will send that out with our email as well – not substantially different from what we have seen in the past; the PPE guidance is essentially the same – for point of care risk assessment and clinical settings, do the risk assessment themselves (clinical area as well as non-clinical areas lunch room for example); consider your expectations for staff and public -
- PPE in healthcare settings:
  - [College of Family Physicians document](#)
  - [Provincial document](#)

#### **5.0 Meeting Adjournment – Next Meeting October 3, 2023 at 8:00 AM**