SUMMARY

Monthly LGL Health Care Providers - Public Health Networking Call

Tuesday, February 6, 2024

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Recording:
https://us06web.zoom.us/rec/share/vC_qcTm2drsSvPRkyueUmiZYYJzTLTmMYfEaD3glsJigASy_WgC2RboZr2h6gOxc.2jrgiNiLyMMnQuip
Password: G1Qs*h3t

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

Welcome to the February 2024 public health updates. These meetings are held once a month and intended to be an introduction to what is happening in the world of public health that is relevant for the broader health care system.

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

2.1 Respiratory Season

Reminder we have a *Respiratory Virus Surveillance Report* dashboard for the Leeds, Grenville and Lanark region on our Health Unit website:

- https://healthunit.org/health-information/covid-19/local-cases-and-statistics/dashboard/

COVID-19

In general we are on the down swing locally of the peak of the respiratory season that applies to both COVID-19 and influenza as well as other respiratory viruses. We continue to have outbreaks of COVID-19 in high-risk settings where we have the best knowledge of COVID-19 transmission. We continue to see cases of COVID-19 circulating in the community; even so we have passed the peak of both cases and hospitalizations.

Influenza

We have had fewer flu cases detected this year as compared to last year; hard to know the significance of that because so few people are eligible for flu testing. The peak of flu transmission seems to be behind us and the percent of positivity has peaked as well. We may still get prolonged transmission further into the spring. As a reminder there is flu A and flu B circulating. Flu B tends to transmit more at this time of year and is more prevalent in the very young and the very old, especially older adults in institutionalized settings.

The syndromic surveillance is showing that our admission to hospital ER visits as well as our waste water survey is tending towards being lower than it was one or two months ago. Overall, transmission is decreasing of all respiratory illnesses though still ongoing.

2.2 Invasive Group A Streptococcal

Recently we have sent out some notices in the community regarding Group A strep.

Group A streptococcal

Group A strep is a common commensal bacteria of the skin and nasal pharynges so baseline testing of people who are asymptomatic is not useful. The transmission of Group A strep is likely to be primarily contact transmission with a substantial component of droplet transmission of people who have strep throat. As with all droplet transmission, there is some small component of aerosolized transmission.

Invasive Group A streptococcal

As you may have seen in the news, there has been a lot of transmission of invasive Group A strep lately. Invasive Group A strep is a specific type of strep infection where the bacteria has invaded into the body where it is not suppose to be – infection of sterile sites. Strep throat is not considered invasive Group A strep infection but certainly depending on the rash, infection of soft tissue, joints, or different parts of the body, organs, sepsis, strep toxic shock syndrome are all considered invasive Group A strep.

There is a rise of all sorts of different Group A strep infections all around the world; hard to say what is causing that. In the UK there has been a lot of reporting on this. One particular strain of strep infection seen more frequently in the UK is possibly more likely to be invasive. In Ontario and locally we have seen a substantial rise of Group A strep infections.

In Leeds, Grenville and Lanark we have seen a several-fold rise of invasive Group A strep compared to previous years – only invasive Group A strep is reportable in Ontario. Difficult to tell what is causing this, however typically there is a natural rise and fall of invasive Group A strep infections globally that has been seen for a very long time.

The highest incidents of infection is in the winter months; recent viral infections particularly respiratory increase your risk of invasive Group A strep; as well recent chickenpox infection also increases the risk of invasive Group A strep. Having said that, emphasizing vaccination of the things that we can prevent such as COVID-19, flu and chickenpox. There is no vaccine for Group A strep.

What can be done?

There are clinical protocols and guidelines to follow, for example antibiotic use for strep throat – those are important to follow. Among children, those that have had recent strep throat infections do not seem to be at greater risk for invasive Group A strep infection. Having strep throat does not mean you need to be more aggressive in providing antibiotics for those with sore throats for example. Ways to prevent Group A strep transmission is frequent hand washing, covering your cough and sneezes, and staying home when you are ill.

2.3 Meningococcal Disease

We have had a slight rise in parts of Canada of meningococcal disease that is difficult to understand; recently we have had a few cases locally. Meningococcal disease is caused by bacteria called Neisseria meningitides, which can cause severe disease. About 10% of people are asymptomatic carriers. The bacteria can cause meningitis and can be quite severe, with the mortality rate for those with severe illness at about 10% for those that receive treatment, and 50% among those that receive no treatment (antibiotics). There is also a cyclic pattern of 5 to 10 years of waxing and waning naturally for meningococcal disease. The highest incidents typically occur in the winter months.

There are a number of serogroups with two meningococcal vaccines available in Ontario:

- serogroup A, C, Y, & W publicly funded for routine childhood vaccination and
- serogroup B only publicly funded for those children with high risk health conditions.

In the past, A, C, Y, & W were the most common or most likely to cause severe illness. Now because of good vaccine coverage, serogroup B is the most common serogroup causing illness. Serogroup B vaccine is available through prescription and paid for out of pocket.

In terms of local cases, Kingston has had two cases of serogroup B infection in the past few months and in Belleville region, two cases. Locally we have not detected any. Manitoba has had eight cases of meningococcal disease relatively recently, most of which have been serogroup W covered by the vaccine. This underscores the importance of meningococcal vaccination. Clinically, people who become ill with meningococcal disease antibiotic treatment is critical.

- **Follow-up by the Health Unit**
  Health Unit follow-up for both meningococcal and invasive Group A strep is a) to understand the source of transmission and b) to see who would be at high risk of downstream transmission from the case that has been identified (usually household members).

3.0 Routine Vaccine Schedule – Jennifer Adams, Clinical Services Manager

3.1 School Vaccine Letters

- Letters for Upper Canada District School Board have been mailed. You may already are receiving requests for immunization records.
- Next round of letters to all other Boards will go out in February.

3.2 How to get immunization records from Health Care Providers to the Health Unit

- Provide a copy of the immunization record to patients/parents.
- Parents submit the record:
  - Online through the Health Unit's secure portal: https://s-ca.chkmkt.com/?e=314268&h=D96D5099496A93A&l=en
  - By mail or dropping it off at a Health Unit office location
- We often need additional information from the parent, so our getting the information from the parents instead of the health care provider facilitates follow-up for us.
- Please DO NOT fax any immunization records to the Health Unit—we no longer monitor our faxes for these submissions.
- If there are questions, refer people to our website: https://healthunit.org/health-information/immunization/
- Vaccine Ordering: https://healthunit.org/for-professionals/health-care-dental/immunization-resources/vaccine-order-form/ email vaccine order form to Vaccine.orders@healthunit.org.

3.3 There was an update to the Ontario Vaccine Schedule (including catch-up schedules)

- https://www.ontario.ca/page/ontarios-routine-immunization-schedule
  - **RSV Vaccine**
    RSV vaccine availability and eligibility for publicly funded vaccine was expanded in late December/early January. Primary Health Care Providers can order RSV vaccine for high risk adults 60 years and over. The eligibility criteria for publicly funded vaccine includes: institutionalized, dialysis, transplant, the unhoused, and individuals who identify as First Nations, Inuit, or Métis. RSV vaccine is available to order with your regular monthly vaccine orders: https://healthunit.org/for-professionals/health-care-dental/immunization-resources/vaccine-order-form/
    Please call the Health Unit if you have any questions.

4.0 Questions/Roundtable

5.0 Meeting Adjournment – Next Meeting is Tuesday, March 5th at 8:00 AM