South East Health Unit
formerly
HASTINGS PRINCE EDWARD Public Health
KFL&A Public Health
Leeds, Grenville & Lanark District HEALTH UNIT

SUMMARY

Leeds, Grenville and Lanark Health Care Providers - Public Health Monthly Networking Call
Tuesday, September 2, 2025

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

Recording: https://us06web.zoom.us/rec/share/esThNB0leOATdp5MZTX_Dxd33rX3sCZMLr6nP0OZrhdyX2XYKe-R5jq0pLQqR_Kb.1OXy1CywyOWF-Eeh
Passcode: E9uvy@gz

Welcome – Dr. Linna Li, South East Health Unit (SEHU), Deputy Medical Officer East (Chair)

- Welcome greetings extended. Recorded and posted on our health care provider website section.

1.0 Fall Respiratory Vaccines – Erin McLean, Coordinator-Vaccine Preventable Diseases

- Updated landing page for vaccine and ordering guidance: https://healthunit.org/for-professionals/vaccine-ordering-guidance/immunization-forms-orders-returns/fall-2025-rsv-vaccine-and-mab-update/
  - This is where we plan to routinely post any notices that are relevant to your practice, vaccine ordering, and administration.
  - We switched to a weekly ordering practice back in June; this was done for a variety of reasons but one of the primary reasons was vaccine fridge space for both the Health Unit and LGL Health Care Providers and to avoid wastage.
  - You will see 3 separate updates – Influenza, COVID, and RSV. We anticipate receiving these vaccines late September, early October. It follows a model of high-risk recipients first, followed by the rest of the general public. We are trying to avoid wastage either from over ordering or adverse storage conditions.
- The focus is on ordering practices to avoid wastage.
- Flu Vaccine: All products are trivalent this year; no quadrivalent products.
  - 2nd strain of Flu B which was previously included in the quadrivalent but not in the trivalent may actually be extinct in the world – have not seen it since COVID-19.
  - The high-dose has very good evidence about being effective for high-risk individuals; please administer high-dose to high-risk individuals – that is the preference.
  - One thing we did see last year with high-risk recipients is a lot of wastage. Please be very careful to not over order the high-dose so as to preserve it for everybody who might need it.
  - With weekly orders we will be limiting how much we send you.

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  - We are adding a section to the order form saying that, "if you want larger amounts in your order, please indicate your clinic detail" i.e. if you have an in-practice clinic where you're planning to bring in 150 patients to immunize, then we will work with you; otherwise we will be limiting and capping amounts.
  - We need to do this to protect the vaccine supply and demand.
- COVID: New variant is LP2 (we have yet to see product monographs).
  - If you have any COVID vaccine remaining in your fridges, it should be discarded (it's long past its freezer deadline).
  - There are some prefilled syringes coming our way. These will not be frozen. We don't know their shelf life – waiting on the information. We will try to send prefilled syringes to places that do smaller quantities like the community paramedic program.
  - Pfizer Comirnaty; brought back a pediatric product for those families who did not want Moderna for 5 to 11 year olds.
  - Moderna has not changed their dosing – still ½ dose for 6 mo. ≤ 11 years of age.
- RSV: Those 75 years and older are now eligible for free vaccine.
  - Pharmacists have not been authorized to administer this. We have a large population of residents in that age group who are unattached and have no health care provider – we are exploring options for providing clinics for them.
  - We're counting on you to immunize your patient clientele; we can't handle beyond those who are unattached. If there are those that show up to one of our clinics and have a health care provider, we will be sending them there; we do not have enough staff to vaccinate. The expectation from the province is that the primary health care provider is the first line source.
- Infant RSV: No change to product. We've been given the date of October 1st as the date to start to administer but we are waiting for confirmation in writing.
  - As soon as we receive the product from the ministry, it will become available for ordering on our order form.
  - It will be going to the hospitals with the primary intent that newborns are administered the antibodies in hospital and that you are providing them to those infants born since April 1st until October 1st in your practice.
- As guidance documents become available we will post on our website: https://healthunit.org/for-professionals/vaccine-ordering-guidance/
- Q&As:
  - Q: It was quite difficult to get Beyfortus last season. Do we suspect this again this year?
    - We are hopeful that the supply flows this year to meet the needs at the appropriate time. We receive these products in stage 'allotments' so initial amounts received will be equitably divided to practices.
  - Q: If we hold clinics, should we be offering flu and RSV together for patients 75 years and older?
    - A: Yes. Great idea!

2.0 West Nile Virus

- We've had 2 human cases of West Nile in the past few weeks: https://healthunit.org/media/2025-archive/first-two-human-cases-of-west-nile-virus-this-year-identified-in-the-south-east-health-unit-region/
- In terms of epidemiology, in the past 10 years in our region, most years had no human cases. In years where we've had cases, the numbers range from 1 – 6 people identified. Across Ontario the range is ~30-160 cases per year.

- We frequently get positive mosquitoes and birds in our region; we know the virus is established in our region (and is established throughout southern Ontario).
- So please have West Nile on your differential.
- Symptoms:
  - 80% of people are asymptomatic.
  - Of the remaining 20%, most have West Nile Fever (fever, vomiting, and occasionally a rash).
  - 1 in 150 have neuroinvasive disease which can progress quickly (on the scale of hours – days).
  - If you clinically suspect West Nile due to neurological symptoms, consider testing for other vector-borne diseases that are in our region and also cause neurological symptoms: EEE which is also spread by mosquitoes, and Powassan and Lyme which are spread by black-legged ticks.
- Testing:
  - Serology and CSF, both sent for West Nile ELISA.
  - Note – do not send for PCR/NAAT (it is not sensitive) → ELISA is the primary testing modality and PCR can only be ordered after consultation with PHO microbiology. It is typically only used for people who are immunocompromised where antibody response may not happen. If you order PCR without consulting PHO first, the test will be cancelled. To get in touch with PHO about this, please call the health unit.
  - Also note that CSF is an important part of diagnosis since serology can be a false positive – IgM can remain positive in serology for a year or more; and recall that 80% of people who have previously been infected are totally asymptomatic. So IgM only on serology does not definitively mean it's a current infection (would need acute and convalescent samples to confirm). However, IgM in CSF indicates a current infection.

3.0 Rocky Mountain Spotted Fever

- There's been 1 case of human RMSF in Quebec this year, and a cluster of cases of RMSF in dogs in Long Point Ontario, which is in southwest Ontario.
- This is a tick-borne disease that is not established among tick populations in Ontario (though it's been seen rarely in BC for some time now and is frequently seen in the USA); so this caught my attention because it may represent a one-off (tick brought in by a bird, for example) or may represent early establishment of the bacteria.
- RMSF is caused by the bacteria Rickettsia rickettsii, and spreads to humans by dog ticks (also called wood ticks); (for comparison, the tick-borne diseases that are tracked in our region are spread by the deer tick).
- Dog ticks are also able to spread tularemia.
- Most people exposed to the bacteria are asymptomatic, but the disease can be serious.
- Symptoms include fever and rash (as indicated in the name), as well as GI symptoms; severe illness includes cerebral edema, respiratory compromise, tissue necrosis, and renal failure. It can be fatal.
- There are 2 rashes associated: an early rash that's small pink macules that start on the extremities and moves to the trunk, and a late rash that's petechiae and represents severe disease.
- It's more likely to be severe in children.
- Treatment is with doxycycline.
- It has not been identified in this region at this point, but I wanted to let people know of the change in tick disease epidemiology, since our region has historically seen new tick-borne diseases sooner than other parts of the province.

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4.0 Rabies

- We've been seeing shortages of rabies immunoglobulin and rabies vaccine in the province because there's been a lot of people getting post-exposure prophylaxis.
- We've also had much more bat testing than baseline, and the percent positivity of bats has gone down; this indicates there isn't a higher number of bats testing positive, just more bats getting tested.
- This is suspected to be related to a rise in concern due to the human case in Ontario recently, which was from a bat encounter, i.e. the underlying rabies prevalence in animals doesn't seem to have changed.
- It's possible to delay prophylaxis by a couple of days if need be because the incubation period for rabies is in the scale of weeks – months; the exception is if there's already been a delay in seeking care, or if there's been a large bite (usually from a dog) to head/neck/fingers.

5.0 Adjournment/Next Call

- Linna will be away October and November – we'll let you know if there will be meetings for those 2 months.
- Next call: TBA

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