



**Healthcare Provider Webinar
Middlesex and London Region
March 19, 2024**

Welcome

Presenter:

Dr. Joanne Kearon

Associate Medical Officer of Health

Middlesex-London Health Unit

March 19, 2024

Outline

- Respiratory Season Updates
- Measles
- Vaccine Update
 - New Packaging
- Mpox Rates
 - Mpox Testing
- Vaccine Safety Surveillance Resources from Public Health Ontario
- Healthcare Provider Webinars
 - New Start Time



Respiratory Season Updates

Respiratory Transmission Risk Assessment

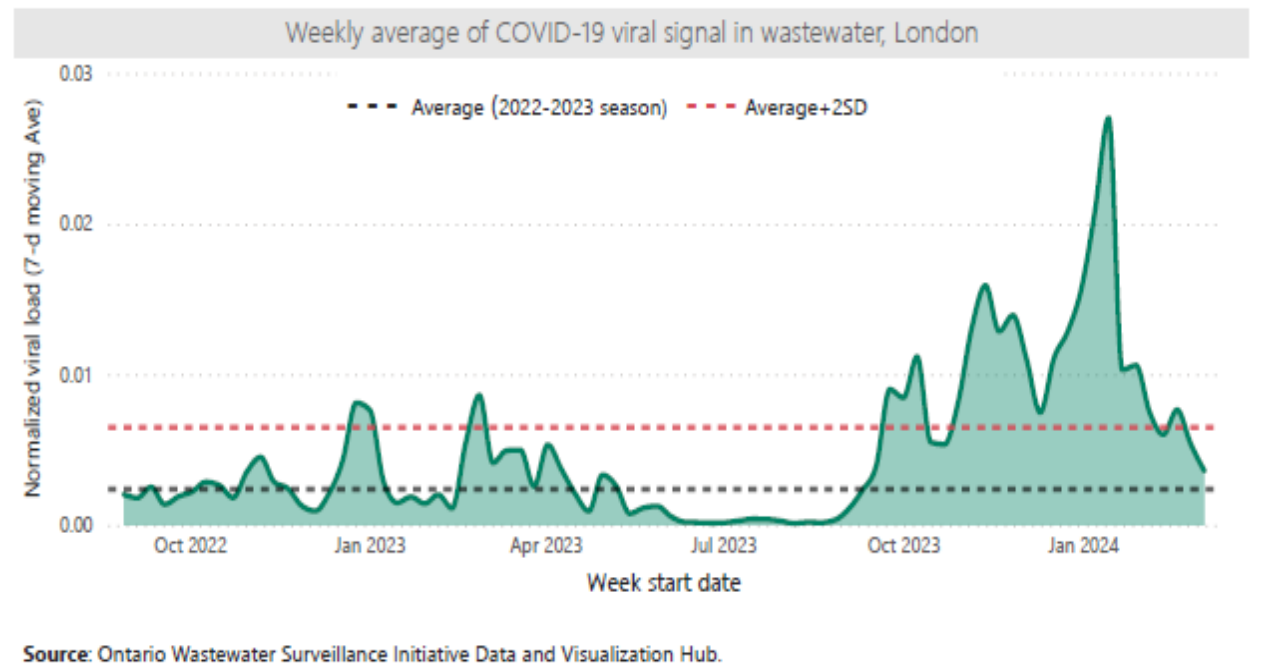
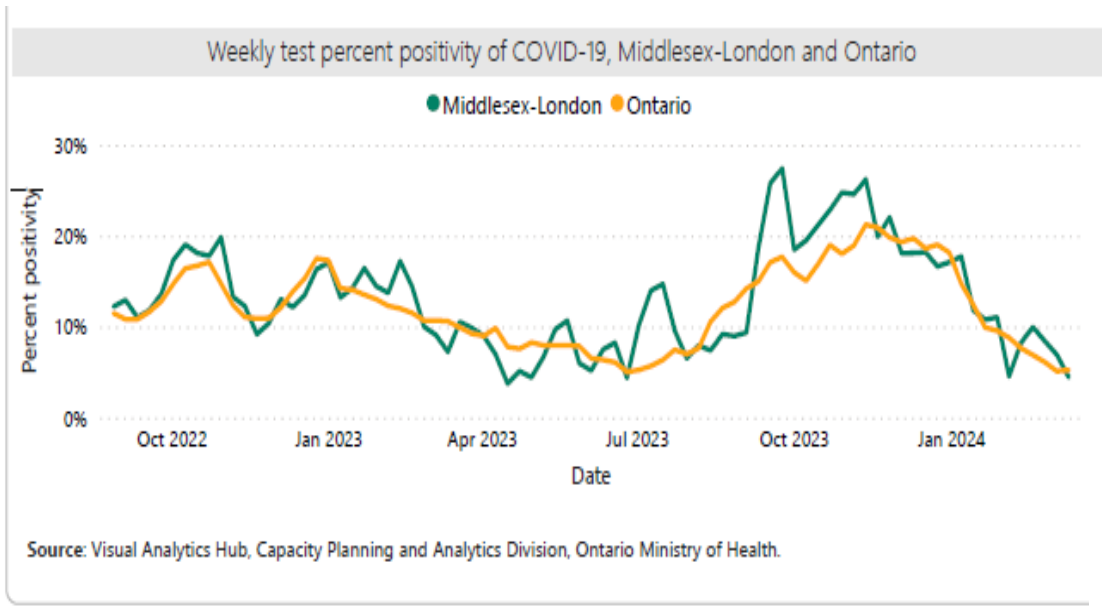
Middlesex-London region is in a Non-High Risk Period for Respiratory Illness

Indicator	Status
1. New respiratory outbreaks in health care facilities	Low
2. Respiratory hospitalizations	Low
3a. % positivity for COVID-19	Low
3b. % positivity for influenza	Low
4. Wastewater surveillance trend of COVID-19	High

COVID-19 Summary

<u>Local metrics</u>	Week 11 (Mar 10 - Mar 16, 2024)	Season to date (Aug 27, 2023 - Mar 16, 2024)	Trend (compared to previous week)
Laboratory-confirmed cases	16	2,686	Decreased
Deaths	0	54	Decreased
Active outbreaks	As of the end of Mar 18, 2024:		Decreased
Local test positivity	Percent of tests positive: 4.5% Positivity level: Low		Decreased
<u>Provincial metrics</u>	Week 10 (Mar 3 - Mar 9, 2024)		
Provincial weekly indicator change			Lower

Data source: Middlesex-London Health Unit – *Middlesex-London Respiratory Surveillance Report*, extracted 2024-03-19. Data current as of the end of day 2024-03-19 <https://app.powerbi.com/view?r=eyJrIjoimzE5MzJIOTItOWE2ZS00MDNlLTlkNDMtMTcyYTg5OGFhMTFliiwidCI6ImRjNTYxMjk1LTdjYTktNDZhOS04M2JmLTUwODM0ZDZhOWQwZiJ9>



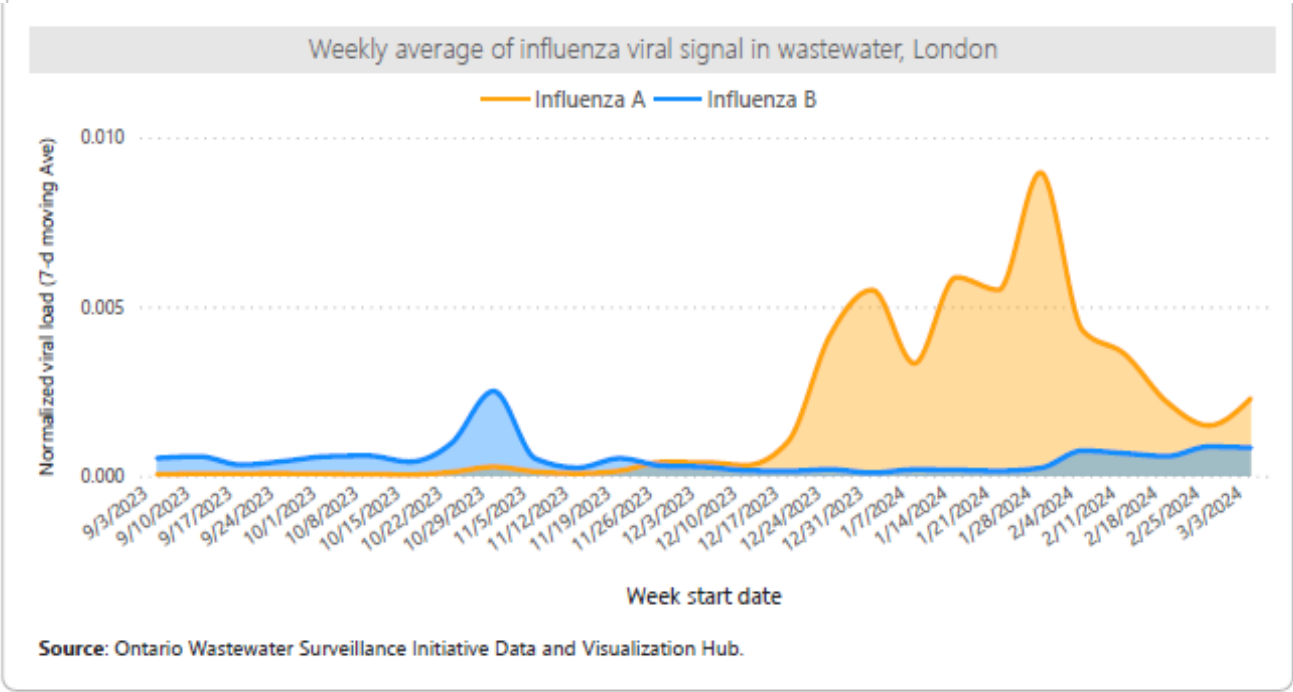
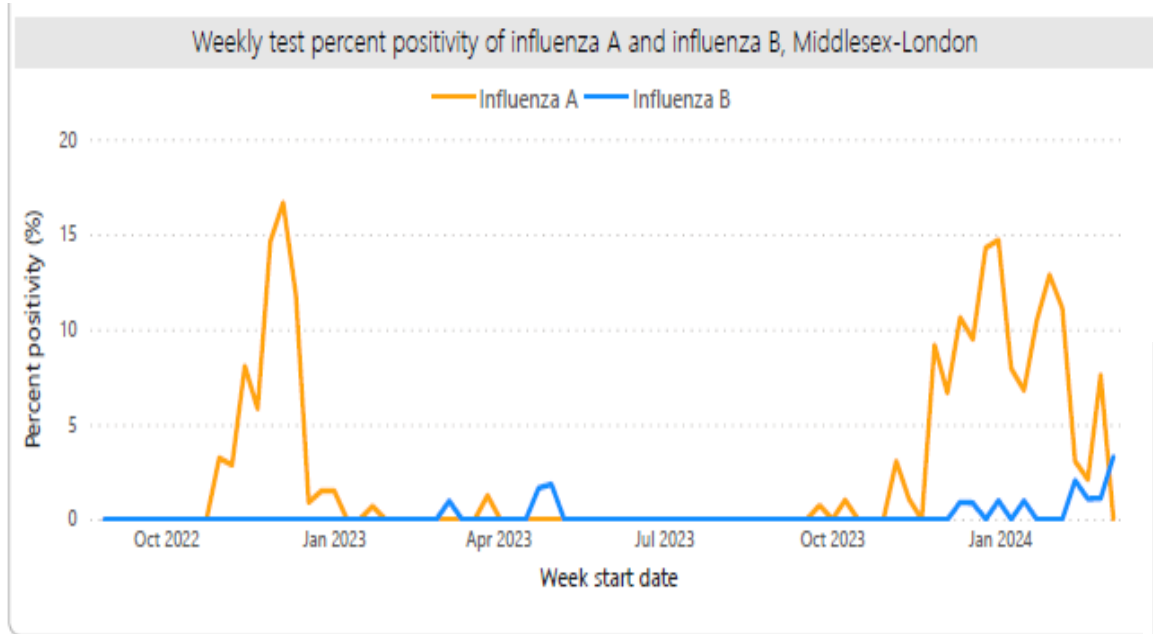
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Influenza Summary

Local metrics	Week 11 (Mar 10 - Mar 16, 2024)	Season to date (Aug 27, 2023 - Mar 16, 2024)	Trend (compared to previous week)
Laboratory-confirmed cases	25	724	Decreased
Influenza sub-types	Influenza A: 12 Influenza B: 13 Influenza A and B: 0	Influenza A: 617 Influenza B: 106 Influenza A and B: 1	Same Decreased Same
Deaths	0	9	Same
Active outbreaks	As of the end of Mar 18, 2024:	0	Same
<u>Provincial metrics</u>	Week 10 (Mar 3 - Mar 9, 2024)		
Local influenza activity level	Activity level: Localized		
Provincial test positivity	Percent of tests positive: 8.9% Positivity level: Low		
Provincial weekly indicator change			Similar

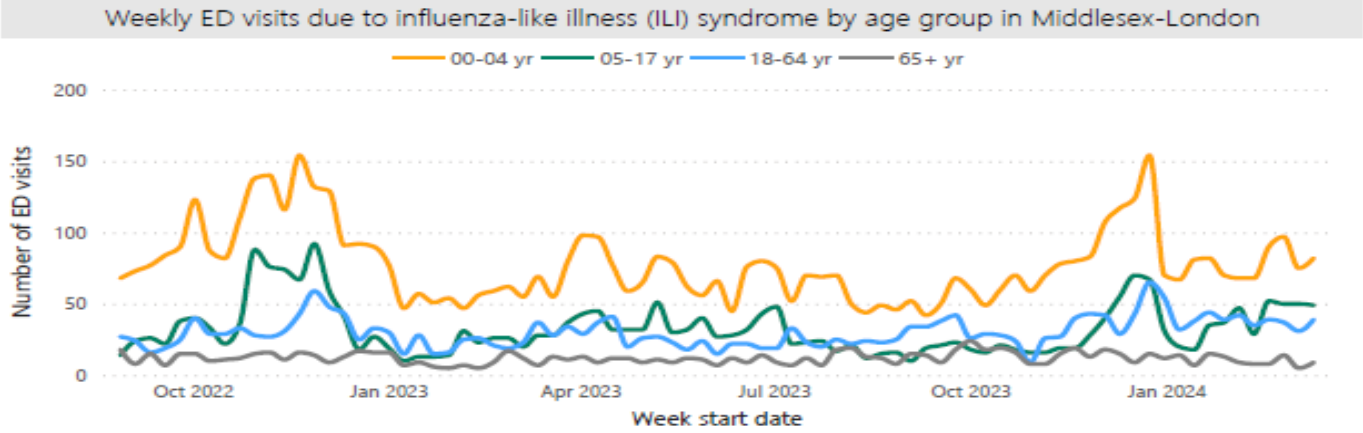
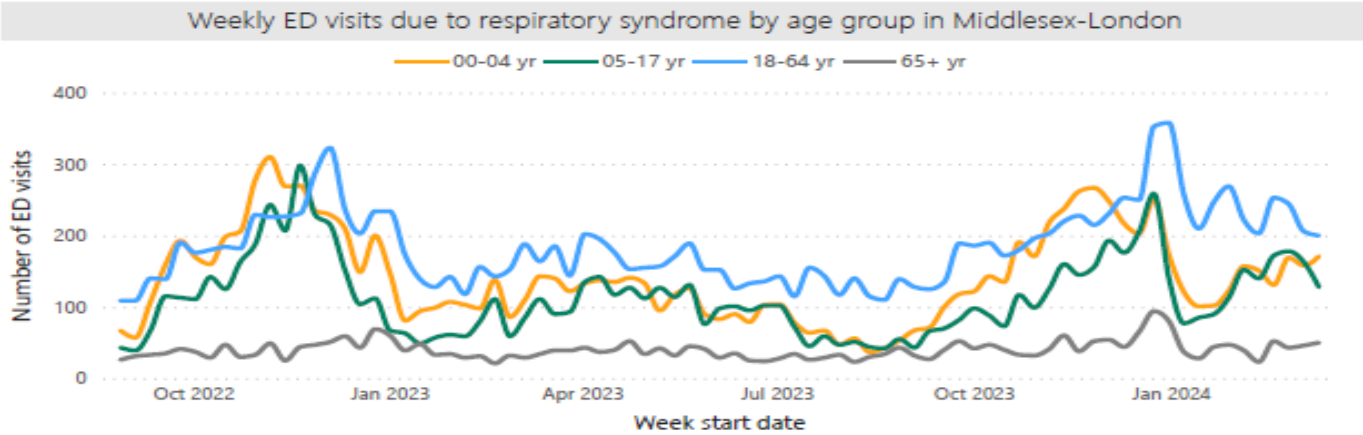
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19 <https://app.powerbi.com/view?r=eyJrIjoiMzE5MzJlOTItOWE2ZS00MDNlTlIkNDEtMTcyYTg5OGFhMTFiliwidCI6ImRjNTYxMjk1LTdjYTktNDFhOS04M2JmLTUwODM0ZDZhOWQwZiJ9>



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Clinical Syndromic Surveillance



Data source: Middlesex-London Health Unit – *Middlesex-London Respiratory Surveillance Report*, extracted 2024-03-12. Data current as of the end of day 2024-03-19. <https://app.powerbi.com/view?r=eyJrIjoiMzE5MzJlOTItOWE2ZS00MDNlLTlkNDUtMTcyYTg5OGFhMTFiliwidCI6ImRjNTYxMjk1LTdjYTktNDZhOS04M2JmLTUwODM0ZDZhOWQwZiJ9>

Respiratory Season Update

- COVID-19, influenza and other common respiratory viruses are trending downwards, and we are now in a non-high-risk period.
- While common respiratory viruses are trending downwards, there is still ongoing transmission of respiratory viruses and other pathogens.
 - For example, respiratory outbreaks in our long-term care/retirement homes have decreased, but we have many homes in enteric outbreaks.

Respiratory Season Update

- In a non-high-risk period, while universal masking may not be necessary, a point-of-care risk assessment is still critical.
- We highly recommend ongoing screening of residents and patients and, choosing the appropriate personal protective equipment (PPE), based on the type of care being provided.
- Both our assessment of risk and our recommendations for infection prevention and control (IPAC) measures in health care settings are based on Public Health Ontario (PHO) [Interim IPAC Measures Technical Brief](#)



Measles

Measles: Current Context

- Measles cases are increasing around the world.
- The [World Health Organization](#) (WHO) reported in 2023 a 30-fold rise in measles cases in Europe.
- In 2023, MLHU had two confirmed measles cases (February and December) associated with travellers returning to the region.
- So far in 2024, there have been 8 cases of measles in Ontario, 2 of which have not been related to travel.
- On March 9, 2024, the Middlesex-London Health Unit (MLHU) confirmed a case of measles in an adult with likely acquisition during travel.

Measles: Current Context

- Please consider this possible local exposure when assessing patients with measles-like symptoms. While travel is a risk factor for measles, absence of travel does not rule out measles.
- With the rise of measles cases globally, we must be prepared for importation and subsequent local transmission, which can lead to measles outbreaks.

Measles

Inclusion of measles in differential diagnosis:

- Need to include measles in your differential diagnosis, particularly in returning travellers with respiratory symptoms or rash.

Isolation guidelines for suspected cases:

- Suspected measles cases should be placed under airborne precautions and tested.
- If testing for measles, please advise your patient to isolate until results are available or until 4 days after rash onset

PHO has provided a Technical Brief [Interim IPAC Recommendations and Use of PPE for Care of Individuals with Suspect or Confirmed Measles](#)

Measles

- One dose of the MMR is considered to be 90% effective.
- Two doses are considered to be 97% effective.
- However, as with all vaccines, immunity does wane over time and effectiveness is not 100%.

Therefore, while vaccination history should certainly be strongly considered in the clinical risk assessment, if the presentation is highly suggestive of measles, testing should still be completed.

Measles: Testing

- With the rise in cases, there has been an increase in testing and testing errors have been identified.
- Serology **alone** is unable to confirm current measles infection.
- A **nasopharyngeal** or **throat** PCR and a **urine** PCR are also required.

See specimen requirements in [Public Health Ontario Laboratory Test Information Sheet For Measles](#) for more information.

For assistance with arranging testing, call MLHU at 519-663-5317.

Measles: Reportable Disease

- Measles is a [reportable disease](#) and any **suspected cases** should be reported immediately to public health.
- To report a confirmed or probable case of measles, please use [MLHU Reportable Disease Notification Form](#) or alternatively call us at [519-663-5317](#).

Measles: Vaccination

- It is critical to support patients in receiving all routine vaccinations (including measles) according to the [Publicly Funded Immunization Schedules for Ontario](#), and reinforce that vaccines are highly effective in preventing disease transmission.
- In particular, individuals born after 1970 who have not yet received 2 doses of MMR should receive a dose, especially prior to travelling abroad.

Measles: Vaccination

- Infants in between 6-12 months should receive an early dose of MMR if they will be travelling abroad.
- Two doses of measles-containing vaccine are recommended for anyone born after 1970. In general, those born before 1970 are considered immune against measles, but may still receive a dose of MMR based on clinical assessment of their risk.

Measles: Vaccination

- Measles, Mumps, Rubella and Varicella (MMRV) vaccine should only be given to individuals who are 4 to 12 years of age.
- For those outside this age group, MMR and varicella vaccines need to be given separately.



Vaccine Updates: New Packaging

Vaccine Update: New Packaging

Starting in March, *Priorix and Priorix-Tetra* (MMR/MMRV) will be in new packaging.

- Please note the diluent will now be included in the boxed package and not separate, which will make the package larger.
- The diluent is within the syringe and needs to be mixed with the powder in the vial prior to administration.



Mpox Rates and Testing

Mpox Rates

Since mid-January 2024, an increase in the incidence of Mpox has been observed in Ontario.

As of February 28, 2024, a total of 24 laboratory-confirmed cases have been reported; for comparison, only 33 confirmed cases were reported in all of 2023.

Mpox Rates

Of the 24 confirmed Mpox cases reported to-date:

- Twenty-three out of 24 (95.8%) are male; one case is female with an epidemiological link to a male case.
- The median age is 36.1 years (range: 19.2 – 53.1 years).
- Eighteen out of 24 (75.0%) have been reported by Toronto Public Health; Ottawa Public Health has reported four cases, and Halton Region and Peel Region have each reported one case.

Mpox Rates

The most reported risk factors for those we have information (13/24; 54.2%) include:

- sex with same sex,
- new and/or multiple sexual partners, and
- sex with an anonymous partner.

Most cases did not report any travel during their incubation period, suggesting ongoing local transmission.

Testing for Mpox

- Submit a maximum of three skin lesion specimens per patient.
- Based on PHO's laboratory data, detection sensitivity from individual skin specimens is high (approximately 90%) in patients with laboratory confirmed MPX infection.
- Nasopharyngeal/throat swabs and blood specimens are generally not recommended in patients who have skin lesions that can be swabbed or have skin lesion material that can be submitted for testing (e.g., scab).
- Skin lesions usually have higher viral loads; therefore, skin swabs or lesion material are more sensitive for MPXV detection.

Testing for Mpox

- However, blood should always be submitted along with a nasopharyngeal (NP) swab or throat swab on patients suspected of MPXV infection who do not have a skin rash (e.g., a close contact of a case with a febrile illness but no rash), or their skin rash can't be reliably swabbed (e.g., macular or papular rash only).

See specimen requirements in the [Public Health Ontario Mpox Testing Information](#).



Vaccine Safety Surveillance Resources from Public Health Ontario

Vaccine Safety Surveillance Resources from Public Health Ontario

[Vaccine Safety in Ontario](#)

- Provides a visual summary of vaccine safety highlights from 2022.

[Vaccine Safety Surveillance Tool](#)

- Interactive tool to explore and download vaccine surveillance data in Ontario from 2012 to 2022.



Healthcare Provider Webinars: Time Change

Webinar Schedule: Time Change

Time Change for Webinars:

- Starting April 16, 2024, the monthly Healthcare Provider webinars hosted by the Middlesex-London Health Unit will begin at **12:15 p.m.** to 12:45 p.m.

Thank you for joining us!

Questions?

- Ask using chat function now, or after the webinar at:
healthcareproviders@mlhu.on.ca
- For urgent matters please call the Health Unit's
main line at **519-663-5317**
- For more information
www.healthunit.com/healthcare-providers

