



**Healthcare Provider Webinar**  
Middlesex and London Region  
December 6, 2022

# Welcome

Presenter:

**Dr. Alex Summers**

Medical Officer of Health  
Middlesex-London Health Unit

 @alexsummers4

# Surveillance Report

As of December 5th:

- Local data:

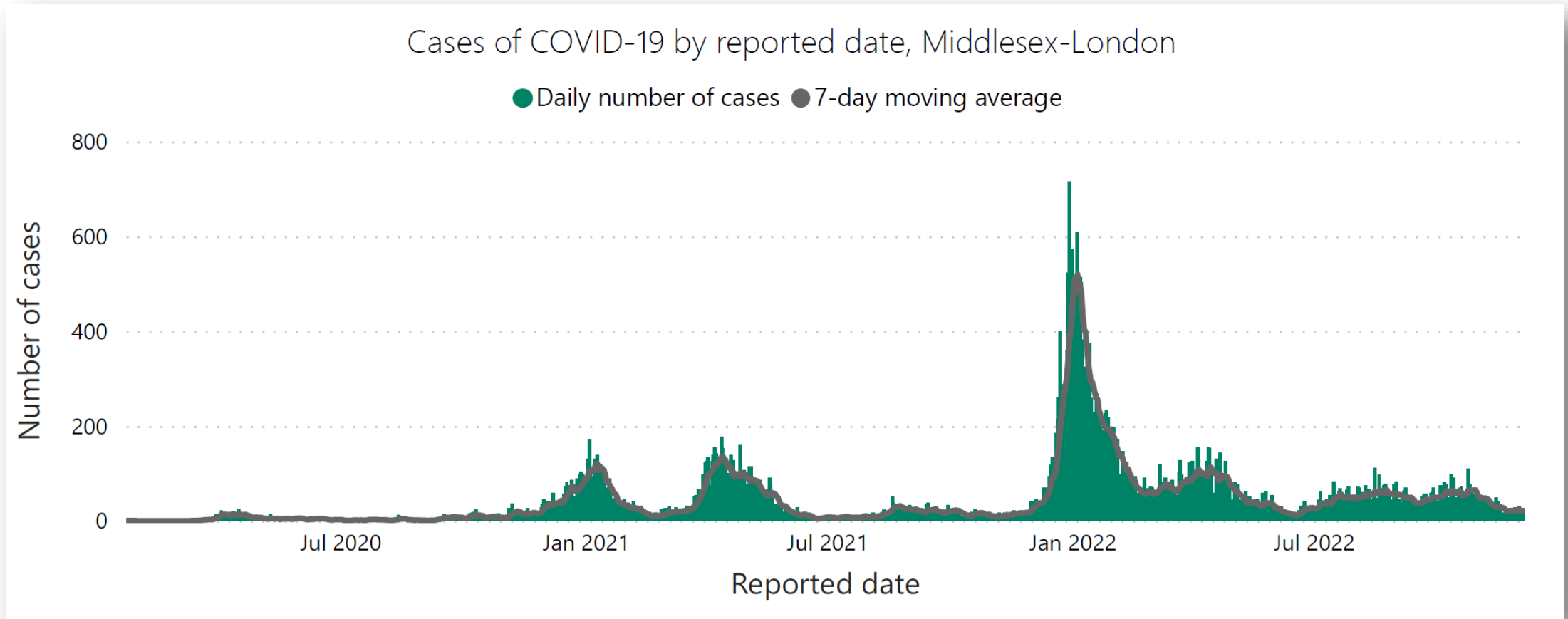
COVID-19 Summary			
Local metrics	Week 48 (Nov 27 - Dec 3, 2022)	Total in 2022	Trend (compared to previous week)
Laboratory-confirmed cases	148	23,404	Decreased
Deaths	3	236	Decreased
Active outbreaks	As of the end of Dec 5, 2022:		8
Local test positivity	Percent of tests positive: 10.5% Positivity level: <b>Moderate</b>		Increased

**Data source:** Ontario Ministry of Health (Ministry) *Public Health Case and Contact Management Solution* (CCM), extracted 2022-12-06. Data current as of the end of day 2022-12-05.

## 2022-2023 Influenza Season Summary

Local metrics	Week 48 (Nov 27 - Dec 3, 2022)	Season to date (Aug 28 - Dec 3, 2022)	Trend (compared to previous week)
Laboratory-confirmed cases	77	204	Increased
Influenza sub-types	Influenza A: 77 Influenza B: 0	Influenza A: 203 Influenza B: 1	Increased Same
Deaths	1	3	Increased
Active outbreaks	As of the end of Dec 5, 2022:	2	Increased
Provincial metrics	Week 47 (Nov 20 - Nov 26, 2022)		
Local influenza activity level	Activity level: <b>Sporadic</b>		
Provincial test positivity	Percent of tests positive: <b>16.7%</b> Positivity level: <b>Moderate</b>		
Provincial weekly indicator change			Higher

# Cases by Reported Date



**Data source:** Ontario Ministry of Health (Ministry) *Public Health Case and Contact Management Solution* (CCM), extracted 2022-12-06. Data current as of the end of day 2022-12-05.

# Reminder: eNewsletter & HCP webinar schedule

- **REMINDER: eNewsletter only** on December 20<sup>th</sup>
- We hope you have a great holiday season!



# Updated *Managements of Cases and Contacts of COVID-19 in Ontario*

- The Ministry of Health has released an updated version of its *Management of Cases and Contacts of COVID-19 in Ontario* guidance document.
- Includes updates to the management of persistent positive and re-infection cases (page 18) and **updated staffing options for COVID-19 cases in highest-risk settings**, both for routine operations and for critical staffing shortages (page 28).
- Please refer to this guidance document for more information.

Ministry of Health

## Management of Cases and Contacts of COVID-19 in Ontario

November 30, 2022 (Version 15.1)

# Evusheld Consent & Reporting Form

- Evusheld was authorized by Health Canada for the prevention of COVID-19 in **immunocompromised adults and children** in April and the Ministry of Health distributed information to inform healthcare providers regarding access and patient eligibility in May and October.
- For healthcare providers currently administering Evusheld treatment, please have the patient complete the Evusheld Consent and Reporting Form & **send the completed form** by secure fax to MLHU VPD Team at 519-663-0416, attn Amanda Cameron.
- The information provided on the Evusheld Consent and Reporting Form will be uploaded into the patient's profile in COVaxON.
- Healthcare providers interested in **prescribing, accessing and administering Evusheld** should review *Information about Evusheld (Tixagevimab and Cilgavimab)* (Ontario Health) for more information.



# School suspensions under *Immunization of School Pupils Act*

- Middlesex-London Health Unit will be implementing the suspension process starting in **January 2023** through June 2023. It is anticipated that implementation of the suspension process through the *ISPA* will increase vaccination coverage and reduce this risk.
- Yellow suspension letters will be mailed to families **one month ahead of the date of suspension** to provide enough time to send in an updated record, receive the outstanding vaccine, or submit an exemption request.
- Your continued support in answering questions, providing vaccine records, and administering vaccine to your patients is appreciated!
- It will be important that healthcare providers continue to maintain a good supply of vaccine and take every opportunity to offer your patients required vaccines. *If you require additional yellow cards or ICON Tear off pads, please add these to your next vaccine order.*

# Vaccine ordering/pick-up over the holidays

- Please note that the **last day to order vaccine for pick-up in 2022 is Monday December 19<sup>th</sup> for pick-up on December 22<sup>nd</sup>.** All vaccine orders submitted after Monday, December 19th will not be available for pickup before Thursday, January 5th, 2023.
- **REMINDER:** The deadline to register for the new *Public Health Ordering System* (PHOS) was December 1<sup>st</sup>. If you haven't already done so, sign up now.
- To register for PHOS, please complete the online form found linked in the eNewsletter. We do ask that only your organization's primary vaccine contact be the one to complete the survey.



## Opportunity to join our team: physician job posting for Family Planning & Sexual Health Clinic

- We currently have an exciting opportunity for a physician to join our team at the Family Planning & Sexual Health clinic (London & Strathroy locations)
- At MLHU, our goal is to support clients in achieving and maintaining optimal sexual health by providing evidence-based, client-centered, non-judgemental and accessible clinical services.
- Currently seeking a physician to serve clients at the scheduled Family Planning clinic and drop-in STI clinics.
- **Posting closes December 11<sup>th</sup>, link available in eNewsletter.**

**We're Hiring!**

# Pneumococcal Vaccines (Pevnar 15 & 20)

- Invasive pneumococcal disease is an ongoing issue in Canada with significant burden of disease particularly for high-risk age groups and those with co-morbid conditions.
- Vaccination remains the most effective means of preventing invasive pneumococcal disease.
- Two new pneumococcal vaccines, PNEU-C-15 and PNEU-C-20, have been approved for use in Canada which have benefits beyond vaccines currently in use because of their formulation as conjugate vaccines and increase serotype coverage
- These new vaccines may be implemented cost-effectively as part of immunization programs to reduce the burden of disease.
- **NACI recommends vaccination with PNEU-C-20 preferentially, or PNEU-C-15 followed by PNEU-P-23, in adults at higher risk of invasive pneumococcal disease which includes all adults 65 and older, 50-64 with underlying medical conditions or factors putting them at higher risk or 18 years+ who have immunocompromising conditions.**

**Table 1. Medical conditions and other biological and/or social risk factors resulting in high risk of IPD**

Non-immunocompromising conditions	Immunocompromising conditions <sup>a</sup>	Other risk factors
<ul style="list-style-type: none"> <li>Chronic cerebrospinal fluid (CSF) leak</li> <li>Chronic neurologic condition that may impair clearance of oral secretions</li> <li>Cochlear implants, including children and adults who are to receive implants</li> <li>Chronic heart disease</li> <li>Diabetes mellitus</li> <li>Chronic kidney disease<sup>a</sup></li> <li>Chronic liver disease, including hepatic cirrhosis due to any cause<sup>a</sup></li> <li>Chronic lung disease, including asthma requiring medical care in the preceding 12 months</li> </ul>	<ul style="list-style-type: none"> <li>Sickle cell disease, congenital or acquired asplenia, or splenic dysfunction<sup>b</sup></li> <li>Congenital immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions</li> <li>Immunocompromising therapy, including use of long-term corticosteroids, chemotherapy, radiation therapy, and post-organ transplant therapy</li> <li>HIV infection</li> <li>Hematopoietic stem cell transplant (recipient)<sup>c</sup></li> <li>Malignant neoplasms, including leukemia and lymphoma</li> <li>Nephrotic syndrome</li> <li>Solid organ or islet transplant (candidate or recipient)</li> </ul>	<p>Individuals</p> <ul style="list-style-type: none"> <li>who smoke</li> <li>who use illicit drugs</li> <li>with alcohol use disorder</li> <li>who are experiencing homelessness</li> <li>who live in communities or settings<sup>d</sup> experiencing sustained high IPD rates.</li> </ul>

<sup>a</sup>Conditions considered to result in the highest risk of IPD

<sup>b</sup>Generally asplenia (functional or anatomic), sickle cell disease and other hemoglobinopathies are not considered immunocompromising conditions, but for the purposes of pneumococcal vaccine recommendations they are included in this category

<sup>c</sup>HSCT recipients have specific pneumococcal vaccination recommendations

<sup>d</sup>Can include long-term care facilities

# Prevnar

Strong recommendations	Discretionary recommendations
<p><u>For those not previously vaccinated or status unknown:</u> PNEU-C-20 should be offered for those <math>\geq 65</math> or 50-64 with risk factors or 18-49 with immunocompromising conditions.</p>	<p><u>For those not previously vaccinated or status unknown:</u> PNEU-C-15 followed by PNEU-P-23 may be offered as an alternative. It is recommended that a 1-year interval is given for adults 50+ whereas an interval of 8 weeks is recommended for those 18-64 with immunocompromising conditions.</p> <p><u>Rationale:</u> Although not as good as PNEU-C-20, it is expected to yield better disease outcomes versus PNEU-P-23 alone. Depending on vaccine price, PNEU-C-20 and PNEU-C-15+PNEU-P-23 strategies may be similarly cost-effectiveness.</p>



# Prevnar

## Strong recommendations

For those previously receiving PNEU-P-23, PNEU-C-13 + PNEU-P-23 and  $\geq 65$  years of age: recommend giving PNEU-C-20 if it has been  $\geq 5$  years from the most recent dose. Rationale: The 5-year interval takes advantage of the effectiveness duration of PNEU-P-23 and provides a boost. There may be benefit of giving PNEU-C-15 instead of PNEU-C-20 if unavailable if they have received PNEU-P-23 but not PNEU-C-13 alone.

For hematopoietic stem cell transplant recipients 18 years and above: PNEU-C-20 to be offered as part of a primary series of 3 doses starting 3-9 months after transplant, at least 4 weeks apart with a booster to be given 12-18 months after transplant (6-12 months after the last dose) PNEU-C-15 could be given if PNEU-C-20 not available.

## Discretionary recommendations

For those previously receiving PNEU-C-13 alone: give PNEU-C-20 if it has been 1 year from last dose.

Rationale: The goal of this would be to expand serotype coverage.

# Questions?

- Ask using chat function now, or after the webinar at:  
[healthcareproviders@mlhu.on.ca](mailto: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](http://www.healthunit.com/healthcare-providers)

