

February 9<sup>th</sup>, 2015

Dear Colleague:

### *Infectious Diseases Update*

#### **Meningitis:**

There have been two recent deaths in teenagers from meningococcal meningitis in Nova Scotia. While the two cases were caused by different meningococcal serotypes, one Y and one B, and there is no increased risk to the general public these cases have generated public demand for meningococcal vaccine.

There are several vaccines available that provide immunization for meningococcal bacteria.

- Monovalent vaccines provide protection against the meningococcal serotype C. Trade names of the monovalent vaccine include:
  - Neisvac-C®
  - Menjugate®
  - Meningitec®
- Quadrivalent meningococcal vaccines provide protection against serotypes A, C, Y and W-135. Trade names of the quadrivalent vaccine include:
  - Menactra®
  - Menveo®
  - Nimenrix®
- A newly licensed vaccine, providing protection against serotype B meningococcal bacteria, called Bexsero®. This vaccine is not recommended for routine immunization as part of a publicly funded programs but it is recommended for individuals at high risk of meningococcal disease as well as for anyone who wishes to be immunized due to a personal concern. For further details please see the National Advisory Committee on Immunization statement <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>

Nova Scotia's publicly funded vaccine program currently provides monovalent meningococcal C vaccine at 12 months of age and again as part of the Grade 7 school immunization program. Starting in the 2015/16 school year the Grade 7 meningococcal C vaccine will be replaced by the quadrivalent meningococcal A, C, Y, W135 vaccine.

Individuals at high risk for meningococcal disease are currently eligible for the quadrivalent vaccine as part of Nova Scotia's publicly funded vaccine program.

<http://novascotia.ca/dhw/CDPC/documents/Vaccine-Eligibility-for-High-Risk-Conditions.pdf>

At this time, the meningococcal B vaccine is not included in Nova Scotia's publicly funded vaccine program.

Individuals who wish to be vaccinated with the quadrivalent vaccine and/or the new meningococcal B vaccine and are currently not eligible through the publicly funded programs as indicated above can obtain vaccine from a pharmacy with a prescription from their physician or nurse practitioner.

The Department of Health and Wellness has informed the Nova Scotia Drug Distribution Centres to adjust their stock of meningococcal vaccine in anticipation of increased demand. At this time there is no issue with supply, however given some pharmacies may not routinely stock these vaccines it may take several days for them to bring this vaccine in from the distributor.

### **Measles/Mumps:**

The United States currently has a multi-state outbreak of measles related to travel to Disney World in Anaheim, California and as of today four cases of measles have been confirmed in Toronto. Measles remains endemic in countries in Africa, Asia, Europe, and Oceania and there currently are outbreaks in the Philippines and Vietnam and an increase in cases in China.

Since the recent outbreak of mumps in the NHL there has been an increase in physicians calling Public Health regarding cases of possible mumps.

There have been no recent cases of lab-confirmed measles or mumps in Nova Scotia.

When measles [fever, cough, runny nose and red eyes, and within a few days a red rash appears, usually first on the face and then spreading downward to the rest of the body] or mumps [fever and parotid gland pain and enlargement] is suspected it is very important to obtain a recent travel history and as much detail as possible on vaccination history.

### **Reporting to Public Health**

All suspected cases of measles, mumps and meningitis are required to be reported immediately to your local Public Health office (offices are listed at <http://novascotia.ca/dhw/publichealth/phs-offices.asp>) or after hours to the Medical Officer of Health on-call (902-473-2222/2220).

A full list of notifiable diseases requiring reporting under the *Health Protection Act* is at [http://novascotia.ca/dhw/CDPC/documents/06026\\_ItsTheLawPoster\\_En.pdf](http://novascotia.ca/dhw/CDPC/documents/06026_ItsTheLawPoster_En.pdf)

### **Laboratory Testing**

For the diagnosis of measles, please obtain measles serology between 3 to 7 days after the onset of rash. Samples taken before day 3 after rash onset have a high chance of being falsely negative. If there is a high probability of measles based on history a nasopharyngeal/throat swab or urine for molecular confirmation and genetic surveillance may be requested. The laboratory should be informed if a patient is being sent in for measles testing so appropriate steps can be taken to prevent exposure of other patients.

For the diagnosis of mumps, please obtain a parotid duct swab submitted in viral transport media (using the same swab distributed for herpes simplex virus testing) and urine in a sterile urine

container. Both can be tested by PCR for the presence of the mumps virus. Blood tests are not necessary.

### **Advice for the Patient**

Suspect measles cases should be isolated at home until the 5<sup>th</sup> day after the onset of rash.

Suspect mumps should be isolated at home for nine days after symptom onset.

### **Infection Control**

In light of the recent activity related to these infectious diseases the following document provides guidance for infection control in your office/clinic

<http://www.ipc.gov.ns.ca/sites/default/files/Policies%20and%20Guidelines%20for%20IPC%20in%20the%20Physician's%20Office.pdf>

### **Vaccination**

The global resurgence of vaccine preventable diseases is a reminder of the importance of immunization. I encourage you to keep an updated vaccination history on all patients, to review this with patients, and to offer missing vaccines. Nova Scotia's publicly funded vaccination schedules for children and adults can be found at

<http://novascotia.ca/dhw/CDPC/immunization.asp>

Sincerely,

A handwritten signature in black ink, appearing to read 'R Strang', with a horizontal line extending from the end of the signature.

Robert Strang MD, MHSc., FRCPC  
Chief Public Health Officer