

June 9, 2014

Dear Doctor:

We are writing to advise you of an important update regarding the vaccinations given by Dr. William Vitale.

Following an extended review of the doctor's files it has been determined that **any** patient vaccinated by Dr. Vitale from December 2003 through December 2013 may have received inappropriately mixed vaccine. As a result, you may see additional patients who now require re-immunization to ensure proper protection against vaccine-preventable diseases. This is an addition to the previous cohort announced in December 2013.

We are making every effort to contact all affected patients directly.

As trusted family healthcare providers, we know many of the impacted patients will come to you with questions, and wanting to be re-vaccinated.

Enclosed is the recommended re-immunization schedule.

Please assure your patients that this is not an emergency. However, we have consulted with pediatric vaccine experts who agree that it is important and safe to be re-vaccinated.

Please do not order blood testing for antibody titres in this case, as only a few vaccine-preventable diseases have serologic correlates of immunity.

Also enclosed, you will find:

- a copy of Q&As to assist with parent questions a reference sheet for vaccine storage, handling, preparation and administration,
- billing information (see below)
- mandatory AEFI (Adverse Events Following Immunization) reporting.

We do not expect to see an increased number of AEFIs, but AEFI surveillance is a routine component of public health immunization programs and we ask for your vigilance in reporting so we may monitor the situation closely.

If you need additional vaccine supply, please order it from Public Health following your usual process.

We are encouraging patients to see their family doctor or other healthcare provider for their first re-immunization appointment by the end of June at the latest.

When you are billing MSI, please bill EC (Exceptional Clinical Circumstances) and include the following information:

- That this is a re-vaccination
- Include which of the following vaccines was given:
 - DTaP-IPV-Hib (Pentacel or Pediacel)
 - MMR
 - Varicella
 - Meningococcal C (Menjugate)
 - Pneumococcal conjugate (Pevnar)
 - MMRV (Priorix-Tetra)
 - Tdap-IPV (Boostrix-polio or Adacel-polio)
 - Td (tetanus-diphtheria) and
 - IPV (Polio)

Payment will be based on the same preamble and billing guidelines as those published in the Physician's Manual with the following exception:

- Physicians are also permitted to bill a visit in conjunction with the vaccination. This is permitted only for re-vaccination.

If you have any questions, please don't hesitate to call your local Public Health office. If you practice in Capital Health, please call the direct physician line: (902) 481-1973. Your call will be returned as soon as possible.

Thank you for your assistance in this matter, and for your continued dedication to healthcare in Nova Scotia.

If you have any questions, please feel free to contact your local Medical Officer of Health.

Sincerely,



Dr. Frank Atherton, Deputy Chief Medical Officer of Health
Province of Nova Scotia

Information for Family Physicians

As trusted family healthcare providers, we know some impacted patients will come to you with questions, and wanting to be re-vaccinated.

Are my patients affected?

If you have patients who were vaccinated by Dr. William Vitale between January 2003 and December 2013, these patients may need to be re-vaccinated to ensure their continued immunity to certain preventable diseases.

What is the expected time frame for re-vaccination?

We have consulted with pediatric vaccine experts who agree that while this is not an emergency, it is prudent for affected patients to be re-vaccinated promptly, following the Re-Immunization Schedule provided. Patients who received their first round of shots from the Public Health Special Re-Immunization Clinic will present with individualized re-vaccination schedules.

How will I know which vaccines they will need?

We have sent letters to all physicians in the province through Doctors Nova Scotia. It contains a detailed algorithm and instructions. There is also a physician-only direct line to Capital Health public health: (902) 481-1973. Physicians practicing outside CDHA are asked to please contact their local public health office for assistance.

Some patients have started their re-vaccination series through a special public health clinic (Jan-March 2014). In these cases, you will receive a personalized re-vaccination schedule from Public Health.

If I re-vaccinate patients, will this be covered by the fee schedule?

A new MSI billing code for re-vaccinations has been established to deal with this circumstance. Information is included in the letter above.

I have questions about vaccinations, who do I contact?

The Department of Health and Wellness has a detailed immunization schedule and vaccine information at <http://novascotia.ca/dhw/cdpc/immunization.asp>. There is also a physician-only direct line to Capital Health public health at (902) 481-1973. Physicians practicing outside CDHA are asked to please contact their local public health office for assistance.

Resources for Immunization

Please find listed below some recommended resources for Immunization Providers in Nova Scotia.

Nova Scotia Immunization Manual: <http://novascotia.ca/dhw/CDPC/documents/Immunization-Manual.pdf>

It's the Law: Reporting AEFIs:

http://novascotia.ca/dhw/CDPC/documents/13087_AdverseEventsPoster_En.pdf

Vaccine Storage and Handling Guidelines: <http://novascotia.ca/dhw/CDPC/documents/Vaccine-Storage-and-Management-Guidelines-for-Physicians.pdf>

Nova Scotia Routine Childhood Immunization

Schedule:http://novascotia.ca/dhw/CDPC/documents/13078_NsChildhoodImmPoster_En.pdf

Canadian Immunization Guide: <http://www.phacc-aspc.gc.ca/publicat/cig-gci/index-eng.php>

Re-Immunization Schedule Background Document (April 2014)

It's possible that some patients will have received some of their vaccines from Dr. Vitale and some of them from another provider (e.g. their family doctor). The vaccines given by the other provider are not in question.

For patients who have received both mixed and non-mixed doses of vaccines, re-immunization becomes more complicated. Our main aim is to provide adequate protection from diseases.

The table below provides information on the total number of doses required of each vaccine in order to provide protection from those diseases. The table also indicates the minimum timing interval required between doses to ensure vaccine effectiveness.

Vaccine	Current Age	Doses Required	Timing of Doses (minimum interval)
PREVNAR	5 years and older	None needed	
	24 to 59 months	1 dose	
	12 to 23 months	2 doses	0, 2 months
	Under 12 months	As per routine schedule	As per routine schedule
MENINGOCOCCAL C	5 years and older	None needed	
	Under 5 years	1 dose	
MMRV	4 Years to 12 Years	2 doses	0, 6 weeks
	Under 4 years	1 dose	
HEMOPHILUS INFLUENZA B (Hib)	5 years and older	None needed	
	15 to 59 months	1 dose	
	12 to 14 months	2 doses	0, 2 months
	Under 12 Months	As per routine schedule	As per routine schedule
PERTUSSIS	18 years and older	1 dose	
	7 to 17 years	3 doses	0, 2, 8 months
	Under 7 years	4 doses if 4 th dose was given after 4 th birthday	0, 2, 4, 10 months
		5 doses	0, 2, 4, 10 months and at age 4-6 years
POLIO	7 years and older	3 doses	0, 2, 8 months
	Under 7 years	4 doses if 4th dose was given after 4th birthday	0, 2, 4, 10 months
		5 doses	0, 2, 4, 10 months and at age 4-6 years
TETANUS	7 years and older	3 doses	0, 2, 8 months
	Under 7 years	4 doses if 4th dose was given after 4th birthday	0, 2, 4, 10 months
		5 doses	0, 2, 4, 10 months and at age 4-6 years
VARICELLA (as a single vaccine, if required)	4 to 12 years	2 doses	0, 6 weeks
	Under 4 years	1 dose	
MMR	Born 1970 or later and over 12 years	2 doses	

Re-Immunization Schedule for Physician Practice Issue

- This remediation schedule reflects the immunizations that may have been administered inappropriately from 2003-2013.
- In addition to these vaccines, if there's a history of any vaccines mixed with influenza or other (e.g. travel) vaccines, the recommendation is to re-immunize.
- During patient assessment, determine if any live vaccines have been received in the past 6 weeks and delay MMRV until 6 weeks after their most recent live vaccine.

YEAR OF IMMUNIZATION	AGE as of Feb 2014	REQUIRED VACCINES (# OF DOSES AND TIME INTERVALS)			
		Pertussis	Prevnar	MMRV	Men C
2013-received 2 mo vaccines	2-4 mo	Pediacel x 1 dose	1 dose	0	0
2013-received 2, 4 mo vaccines	4-6 mo	Pediacel x 2 doses: 0,2 mo	2 doses: 0,2 mo	0	0
2013-received 2, 4, 6 mo vaccines	6-11 mo	Pediacel x 3 doses: 0,2,4 mo	2 doses: 0,2 mo	0	0
2013-received 2, 4, 6, 12mo vaccines	12-18 mo	Pediacel x 3 doses: 0,2,4 mo	2 doses: 0,2, mo	1 dose	1 dose
2012-received 2,4, 6, 12 + 18mo vaccines	18-24 mo	Pediacel x 4 doses: 0,2,4,10 mo	2 doses: 0,2 mo	1 dose	1 dose
2011	2 y	Pediacel x 4 doses: 0,2,4,10 mo	1 dose	1 dose	1 dose
2010	3 y	Pediacel x 4 doses: 0,2,4,10 mo	1 dose	1 dose	1 dose
2009	4 y	Pediacel x 4 doses: 0,2,4,10 mo	1dose	2 doses 0,6 wk	1 dose
2008	5 y	Pediacel x 4 doses: 0,2,4,10 mo	0	2 doses 0,6 wk	0
2007	6 y	Tdap-IPV x 4 doses: 0,2,4,10 mo	0	2 doses 0,6 wk	0
2003-2013	7 y-11 y	Tdap-IPV x 3 doses: 0,2,8 mo	0	*2 doses 0,6wk	0
2003-2013	12y-18y	Tdap-IPV x 3 doses: 0,2,8 mo	0	**2 doses MMR at 0, 6 wk and 2 doses Var 0, 6 wk	0
2003-2013	19y and over	(day 0) Tdap-IPV x 1 (2mo) Td x 1 dose, IPV x 1 dose (8mo) Td x 1 dose, IPV x 1 dose	0	If born after 1970: 2 doses MMR-0, 4wk	0

*Those born before 2006 are only eligible for 1 dose of varicella. We have a limited supply of this product so MMRV should be used for the age group 7 yrs to 11 yrs

** MMRV Not licensed in this age group