

## *Infectious Disease Expert Group*

October 7, 2011

Minutes

**Present:** Ms. Kelly Dean (recorder), Dr. Kathy Gallagher, Dr. David Haldane (phone), Dr. Scott Halperin, Ms. Elaine Holmes, Dr. Lynn Johnston (Chair), Dr. Rob Kerr (phone), Dr. Joanne Langley, Dr. Shelly McNeil, Ms. Devbani Raha, Ms. Suzanne Rhodenizer-Rose (phone), Ms. Deana Sharpe (MPH Student), Dr. Rob Strang

**Welcome:** Dr. Johnston welcomed IDEG's new member, Dr. Kathy Gallagher, and the group did a round table for introduction purposes.

### **Business Arising:**

#### **1. Guidelines for Infection Control in MD Offices**

- Dr. Langley noted that the guidelines have been posted on the College of Physicians and Surgeons of Nova Scotia website.

#### ***ACTIONS:***

- *Dr. Strang, Ms. P. Rawding and Ms. Rhodenizer-Rose will make sure that there is a link from the Infection Control website, once developed, to the College website.*
- *Dr. Strang will connect with Bruce Thorne at the College as well as Doctors NS to see about posting items on their websites.*

#### **2. Immunization Scope Out Meeting (Elaine)**

- Ms. Holmes reported that November 10<sup>th</sup> has been the date chosen for the scope out meeting.
- It will include individuals from Newfoundland and Labrador to make it an Atlantic Scope Out meeting.
- Information from the Scope Out meeting will be brought back to IDEG.

#### **3. Health Care Worker Influenza Immunization**

- Dr. McNeil spoke to the progress that has been made on this item since the last meeting. A summer student has collected the background literature and is creating the first draft of a report to bring back to IDEG for its next meeting.
- There has been some discussion of mandatory influenza vaccination for health care workers (HCW), an initiative that the District CEOs are not willing to undertake for several reasons, including the legal and ethical issues involved.
- Dr. Strang has had some discussion of mandatory HCW influenza immunization with College of Physicians and Surgeons (NSCPS) and the College of Registered Nurses of Nova Scotia (CRNNS), neither of which is prepared to endorse this strategy.
- Dr. McNeil said that the most we are likely to achieve is creation of a discussion paper that will outline the various tactics known to increase HCW influenza immunization, with a view to having health care facilities

identify and implement best practices around HCW influenza immunization.

- Dr. Halperin suggested that we ask exactly what the CEOs, CPSNS, and the CRNNS were asked to consider in terms of mandatory influenza immunization for HCWs, so we can better understand the nature of their concerns.
- Our goal is to have the position paper on HCW influenza immunization ratified and ready for circulation for the next influenza season.

**ACTIONS:**

- *Dr. Strang has offered to take the discussion paper to the CEOs' meeting once it is approved by IDEG.*
- *Dr. Johnston suggested that a member(s) of IDEG co-present, to lend IDEG's weight to the discussion.*

**4. Occupational Health**

- There was further discussion related to the lack of Occupational Medicine expertise in the province. Dr. Strang has raised the issue with the Deputy, and Ms. Rhodenizer-Rose discussed it with Russ Stuart and Paula English when meeting about the H1N1 Lessons Learned. Concern about this gap in Occupational Medicine expertise has been expressed by a number of people.

**ACTION:**

- *Dr. Strang will take this issue back to DHW Executive Committee*

**5. Website Update**

- Dr. Strang has spoken to the DHW web-master about a website. With all the changes and the merging of the two department's websites, she has been unable to undertake our request for website development at this time.

**6. Lyme Disease Statement**

- There was discussion of the latest draft Lyme disease statement, which had been revised by Dr. Johnston. A line-line review was done. There are still some aspects that need clarification and/or modification as follows:
  - We need to make it clear that we don't know where all endemic areas are in the province.
  - Add Shelburne as a "highly endemic area"
  - Clarify whether it is a contiguous area from Lunenburg to Shelburne that is endemic ( would it be accurate and helpful to demarcate it by county or town on the map?)
  - Acknowledge that known infectivity rates are only for Lunenburg and Shelburne (and the information is old)
  - There are no specific well-defined boundaries around the highly endemic areas; therefore we are not comfortable giving hard boundaries
  - We need to be mindful that no matter where in the province you are, ticks can be present. We have not had a chance to do surveillance province wide yet.

- Dr. Halperin would like to see some type of organized serosurveillance, independent of guidelines.
- Ms. Holmes, Ms. T. Cole, Dr. Johnston and Dr. K. Forward briefed the Minister and DM on Lyme disease on October 6<sup>th</sup>. Ms. MacDonald and Mr. McNamara will be pleased to see the Lyme statement completed and ready for posting.
- Dr. Gallagher commented that the statement would be useful for family physicians managing Lyme disease and wondered whether it could be adapted to a treatment tool for physicians. We need to get this information to physicians. Some teaching tools would be photos of erythema migrans and black-legged ticks.
- Dr. Johnston noted that Dr. Robbin Lyndsay will be the 2012 TJ Marrie Lecturer and will speak on ecological changes, with a focus on evolving epidemiology of *Borrelia burgdorferi* in NS.

**ACTION:**

- ***Dr. Strang will connect with Dr. T. Hachette to explore how to reach out to family physicians to optimize testing and on the possibility of doing sentinel surveillance.***

7. Changes to Notifiable Diseases

- Ms. Holmes spoke to this item and noted:
  - An internal group will look at and collate the feedback received to date, and bring it back to IDEG for further discussion
  - *C. difficile* has been added

**New Business**

**1. High Risk Immunization Policies**

- Ms. Holmes reported that these policies have been approved by the DHW Infectious Disease Committee and she would like to have them endorsed by IDEG. They have also been reviewed by infectious diseases physicians at CDHA and the IWK, and by Dr. Kathy Slayter.
- This document is to guide public health practitioners.

**Overall Outcome: Endorsed by IDEG**

**2. Antimicrobial Stewardship**

- Dr. Strang noted that this issue was raised at the July CEOs' meeting.
- Dr. Strang and Dr. David Gass will take leadership to bring together key individuals to begin to address this important issue.
- It was noted that most antimicrobial stewardship initiatives are hospital-based but there is interest and need to move them into the community.
- Dr. Johnston said that Dalhousie University CME is beginning to work on academic detailing as part of antimicrobial stewardship, and this may represent an opportunity for collaboration.
- Dr. Strang asked what individuals are key to contact, and it was noted that Dr. Kathy Slayter has done a lot of work in this field.

**ACTIONS:**

- **Dr. Strang will contact Dr. Kathy Slayter.**

- **Email any suggestions regarding antimicrobial stewardship models and strategies to Dr. Strang.**

### **Additional Agenda Items**

#### **3. Replacement of Antiviral Stockpile**

- Dr. Strang reported that we used about 1.3% of the antiviral H1N1 stockpile during the 2009 pandemic. As well, the oseltamivir in the stockpile expires this year.
- The recommendation from the CCMOHs is that jurisdictions stockpile enough antiviral to treat 10%-17% of the population.
- IDEG members supported the decision to replace expiring oseltamivir so that there is enough oseltamivir to treat 10% of the population.

#### **4. Knowledge Translation Issue**

- Now correct.
- Shelly will connect with Gaynor re: the new documents.

### **Additional Actions:**

Kelly Dean will send out appointments for meetings in 2012.