



**Healthcare Provider Webinar
Middlesex and London Region
June 18, 2024**

Welcome

Presenter:

Dr. Joanne Kearon

Associate Medical Officer of Health

Middlesex-London Health Unit

June 18, 2024

Outline

- Middlesex-London Health Unit's Respiratory Surveillance Report (“the Dashboard”)
- COVID-19 Antiviral Therapy: Updated clinical recommendations and changes to Paxlovid funding
- Correction - Vaccine Returns to Strathroy Site
- A Focus on Sexual Health
 - Case and Contact Management for Sexually Transmitted and Blood-Borne Infections
 - Treatment of Gonorrhoea
 - Testing and Treatment Resources

Outline (continued)

- First Case of Lyme Disease – Vector-borne and zoonotic diseases
- Updates to Guide the Management of Body Fluid Exposures
- Extended Heat Warnings
- Newsletter and Webinar Schedule



Middlesex-London Health Unit's Respiratory Surveillance Report (“the dashboard”)

Middlesex-London Health Unit's Respiratory Surveillance Report (“the dashboard”)

The “dashboard” will be paused as we transition our data sources over the summer months.

- Currently, we are in a non-high-risk period for COVID-19
- We will continue to internally monitor any available indicators for COVID-19.
- If there are any significant changes to risk level, this will be communicated publicly via the Health Unit's website and social media accounts.
- The dashboard will be available online again Fall 2024, before the expected respiratory illness season.



**COVID-19 Antiviral Therapy:
Updated clinical recommendations and
changes to Paxlovid funding**

COVID-19 Antiviral Therapy: Updated clinical recommendations and changes to Paxlovid funding

- 1. Ontario Health has updated the clinical recommendations for antiviral therapy for adults with mild to moderate COVID-19.**
 - The evidence-based guidance considers recently circulating strains of SARS-CoV-2 as well as pre-existing immunity from prior infection and/or vaccination in Ontario. It includes:
 - Updated recommendations when antiviral therapy is advised, and when it can be considered based on a health care provider's clinical judgment
 - An updated list of risk factors that are associated with more severe COVID-19 outcomes
 - Changes to the COVID-19 severity classification
 - An overview of the real-world evidence for antiviral therapies for COVID-19

COVID-19 Antiviral Therapy: Updated clinical recommendations and changes to Paxlovid funding

2. Funding for nirmatrelvir/ritonavir (Paxlovid) will transition to typical models in May 2024

- Since 2022, Paxlovid has been supplied by the federal government as a temporary, extraordinary measure at no cost to patients who met established criteria in Ontario.
- This procurement has ended and the remaining supply of Paxlovid expired on May 31, 2024.
- Moving forward, funding options for Paxlovid will change to include selected government drug benefit programs, private insurance, or payment directly by the patient, consistent with typical funding models for other medications.



Correction Vaccine Returns

Correction - Vaccine Returns to Strathroy Site

In the May 22 newsletter, vaccine return times to the Strathroy site was listed **incorrectly**.

Hours of Vaccine Returns to the **Strathroy Site** - 51 Front Street (in the Shops on Sydenham):

- Main Reception:
 - Monday through Thursday from 8:30 a.m. to 12:00 p.m. and 1:00 p.m. to 4:30 p.m.



**A Focus on Sexual Health:
Case and Contact Management for Sexually
Transmitted and Blood-Borne Infections**

Case and Contact Management for Sexually Transmitted and Blood-Borne Infections

- To reduce the transmission of sexually transmitted blood-borne infections (STBBIs), the Middlesex-London Health Unit (MLHU) facilitates and promotes timely and effective detection, identification, and response to STBBIs and their associated risk factors.
- MLHU also conducts STBBI data surveillance activities to monitor emerging trends.

Case and Contact Management for Sexually Transmitted and Blood-Borne Infections

- The MLHU receives all positive sexually transmitted disease lab results for individuals who reside in the Middlesex-London region, even if tested by a healthcare provider outside of the region.
- The Public Health Nurse (PHN) will contact the HCP (Health Care Provider) to:
 - confirm client demographics,
 - ensure the client has been notified of their test results, and
 - assess and document that correct treatment was provided.
- The PHN will then contact the client to begin contact tracing.

Case and Contact Management for Sexually Transmitted and Blood-Borne Infections

- If comfortable doing so, an HCP can complete case and contact management for Chlamydia, unless the case is pregnant.
- The HCP is required to follow-up with the MLHU Sexual Health Team to relay the outcomes (i.e., number of contacts identified and contact information, and if the case has been tested/treated).

Case and Contact Management for Sexually Transmitted and Blood-Borne Infections

- With *Neisseria gonorrhoea* (GC), the PHN needs to ensure cases and contacts have received appropriate testing, treatment and follow-up (as informed by the Public Health Agency of Canada [Gonorrhoea guide: Key information and resources](#)), and that information on antibiotic resistance trends and patterns is transferred to health care providers to inform appropriate and successful treatment.
- For HIV and Syphilis, the PHN is required to complete full case and contact management, even if the HCP initiated the investigation, to ensure all contacts have been notified, tested, and treated.

Treatment of Gonorrhoea

Gonorrhoea is treated according to the Public Health Agency of Canada [Gonorrhoea guide: Treatment and follow-up](#)).

Recommended first-line therapy: Ceftriaxone 250 mg intramuscularly (IM) plus azithromycin 1 g orally (PO) given at the same visit.

- First-line dual therapy is the strong preference due to compelling evidence of improved efficacy and current antimicrobial susceptibility patterns in Ontario.
- Alternative therapeutic options are only to be considered if first-line therapy is not possible
- Please refer to the product monograph for potential adverse events.

Contact the MLHU to obtain publicly funded STI medications.

Test of Cure

A test of cure is recommended for all gonorrhoea infections:

- Culture 3-7 days after treatment
- NAAT 2-3 weeks after treatment

Testing and Treatment Resources

- Public Health Ontario (PHO) [Bacterial STI Testing: Quick Reference](#)
- PHO [Neisseria gonorrhoeae-Culture, Reference Identification and Susceptibility](#)
- Public Health Agency of Canada [Sexually Transmitted and Blood-Borne Infections: Guide for Health Professionals](#)



First Case of Lyme Disease – Vector-borne and Zoonotic Diseases

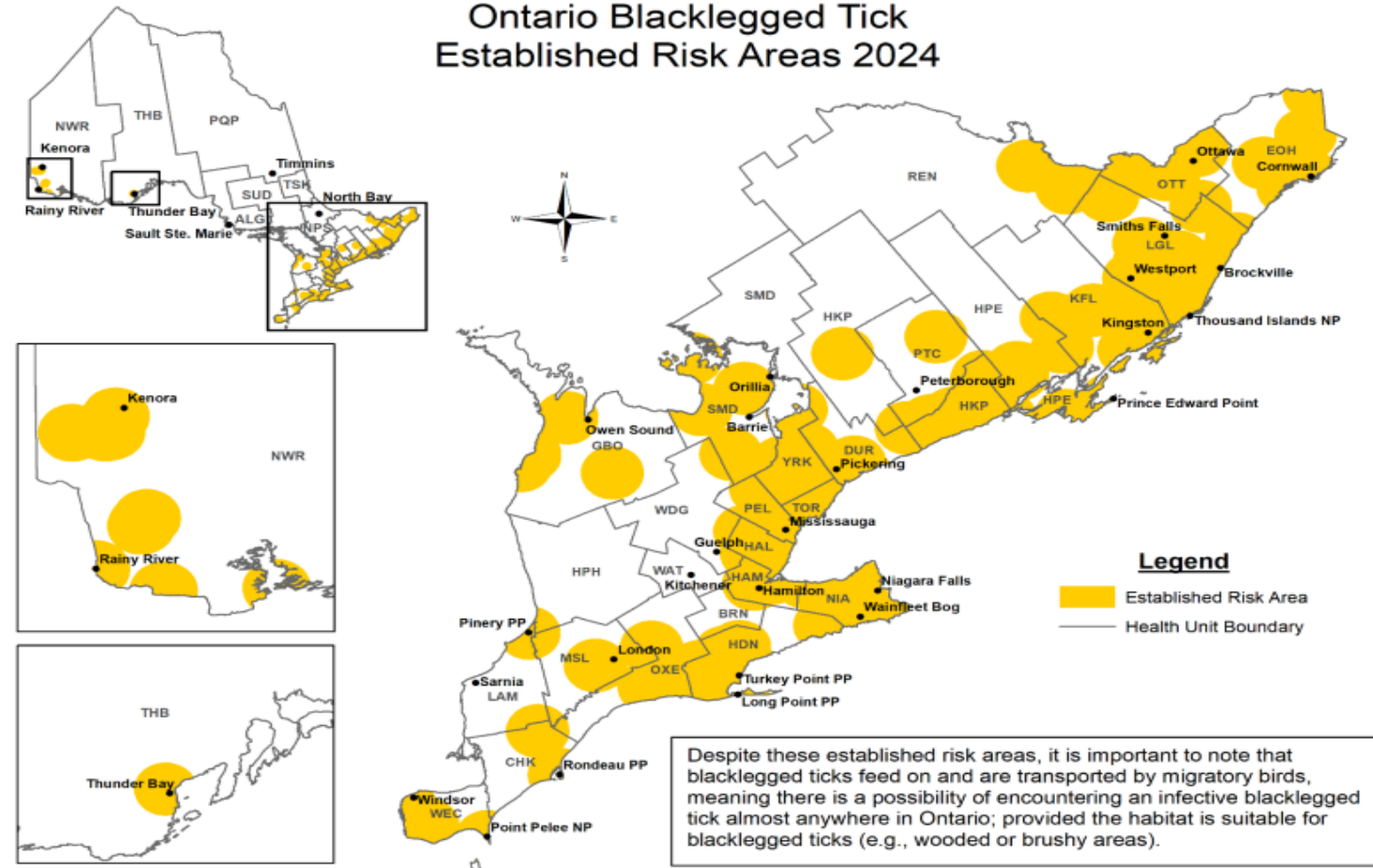
First Case of Lyme Disease – Vector-borne and Zoonotic Diseases

- On [June 10, 2024](#), the MLHU alerted the community of the first case of human Lyme Disease diagnosed in an adult resident in Middlesex County in 2024.
- This is significant because the diagnosis is much earlier in the year than what is typically seen with Lyme Disease cases.
- As the temperature increases with climate change, the environment becomes more suitable for ticks and the season for tick activity lengthens.

First Case of Lyme Disease – Vector-borne and Zoonotic Diseases

- Diseases transmitted by ticks are responsible for most of the vector-borne diseases in Canada.
- Middlesex-London is an established risk area for black-legged ticks.
- Black-legged ticks carry four Diseases of Public Health Significance: [Anaplasmosis](#), [Babesiosis](#), [Lyme disease](#) and [Powassan virus](#) infection.

Ontario Blacklegged Tick Established Risk Areas 2024



April 2024

www.publichealthontario.ca/lymedisease

Ontario Blacklegged Tick Established Risk Areas 2024

Reference: Public Health Ontario. (2024). Ontario blacklegged tick establishes risk areas 2024. https://www.publichealthontario.ca/-/media/Documents/O/24/ontario-blacklegged-tick-established-risk-areas-2024.pdf?rev=d7dafd390245466483d51e910f02c882&sc_lang=en

Post-exposure Prophylaxis

For Lyme disease, we recommend post-exposure prophylaxis with *doxycycline 200 mg PO in a single dose*, if:

- The tick was a black-legged tick;
- The tick was attached for >24 hours;
- It has been less than 72 hours since the tick was removed;
- The individual does not have a contraindication to doxycycline

First Case of Lyme Disease – Vector-borne and Zoonotic Diseases

[Reportable Disease Notification Form](#) can be found on the MLHU website
To report a confirmed or suspected case, please complete the form and fax
to the Infectious Disease Team at **519-663-8241**.

For more information:

- PHO [Vector-Borne and Zoonotic Diseases](#)
- Ontario Health [Management of Tick Bites and Investigation of Early Localized Lyme Disease](#)
- Ministry of Health [Tick-Borne diseases](#)
- CCDCR [Increased risk of tick-borne diseases with climate change](#)
- MLHU [Vector – Borne Diseases](#)
- [eTick.ca](#)



Updates to Guide the Management of Body Fluid Exposures

Updates to Guide the Management of Body Fluid Exposures

Middlesex-London Health Unit follows-up on reported body fluid exposures only when an applicant is eligible under the [*Mandatory Blood Testing Act*](#).

When a client reports an exposure to body fluid and they are eligible under the *Mandatory Blood Testing Act*, the necessary forms must be completed (see below) and submitted to MLHU at IDC@mlhu.on.ca.

1. [Applicant report](#)
2. [Physician report form](#)
3. [Laboratory requisition form](#)
4. [Respondent report](#)

Updates to Guide the Management of Body Fluid Exposures

- Clients reporting body fluid exposures outside of the *Mandatory Blood Testing Act* should have an initial assessment completed by a health care provider.
- This assessment should include discussions around
 - blood testing,
 - an evaluation of treatment decisions for the exposed person, and
 - follow-up testing.

For additional Information:

- MLHU [Body Fluid Exposure and Mandatory Blood Testing Act](#)



Extended Heat Warnings

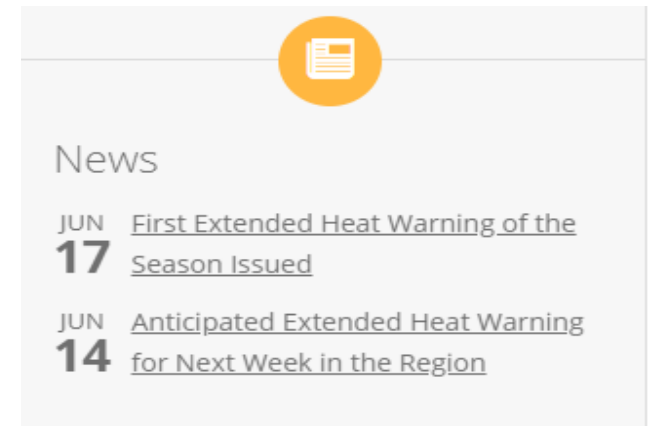
Extended Heat Warnings

Issued when one or more of the following criteria are met:

- Environment and Climate Change Canada issues a forecast calling for a daytime high of 31°C or higher and a forecast low of 20°C or higher for **three consecutive** days or longer, or;
- Environment and Climate Change Canada issues a forecast calling for Humidex of 40 or higher for **three consecutive** days or longer, or;
- Environment and Climate Change Canada Forecasters anticipate that actual temperatures and humidex values in London and Middlesex County will reach the thresholds noted above.

Extended Heat Warnings

- For more information on heat-related illness and cooling centres, visit:
- MLHU [Extreme Heat](#)
- City of London [Cooling Centres](#)



Public Service Announcements (i.e., heat warnings) can be found on the MLHU [home page](#) @ www.healthunit.com



Newsletter and Webinar Schedule

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Please note: Today's webinar will be our last webinar for this season.

Thank you for your participation!

Webinars will resume in the fall.

The frequency of newsletters will be reduced to once monthly over the summer:

- July 3, 2024
- Augst 7, 2024

**Wishing You a
Safe and
Wonderful
SUMMER!**

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

