

Healthcare Provider Webinar Middlesex and London Region October 16, 2024



Welcome

Presenter:

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Associate Medical Officer of Health Middlesex-London Health Unit October 16, 2024



Outline

- Respiratory Season Update
- Vaccine Updates

 $_{\odot}$ Ontario's 2024-2025 Universal Influenza Immunization Program

COVID-19 Vaccine Program

 $_{\odot}\,\text{RSV}$ Protection for Infants and High-Risk Children

- End to Program Extension for Missed Vaccine Doses
- 2024-2025 Grade 7 Immunization Program
- Newsletters and Webinars
- Questions



Respiratory Season Update



Respiratory Transmission Risk Assessment

Middlesex-London region is in a Non-High Risk Period for Respiratory Illness

▲ Indicator	Activity Level
1. New outbreaks (COVID-19, influenza and RSV) in health care facilities	High
2. New hospitalizations (COVID-19, influenza and RSV)	Low
3a. Percent test positivity for COVID-19	Moderate
3b. Percent test positivity for influenza	Low
4. Emergency department visits due to influenza-like illness syndrome	Moderate

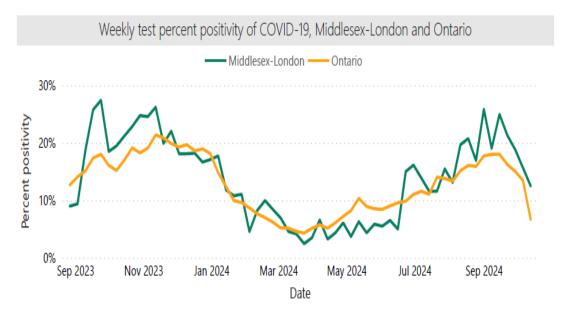
Data source: Middlesex-London Health Unit – *Middlesex-London Respiratory Surveillance Report*, extracted 2024-10-16. Data current as of the end of day 2024-10-16. <u>https://app.powerbi.com/view?r=eyJrljoiODg3ZDIwOTctNzFmOS00MDczLWEwMDAtMDU1ZDk4OGZIMzgzliwidCl6ImRjNTYxMjk1LTdjYTktNDFhOS04M2JmLTUwODM0ZDZhOWQ</u> wZiJ9



COVID-19

COVID-19 Summary			
	Week 41 (Oct 06 - Oct 12, 2024)	Season to date (Aug 25, 2024 - Oct 12, 2024)	Trend (compared to previous week)
	Deaths	Deaths	
Local metrics	1	11	
	New outbreaks	Outbreaks	
	9	35	
	Percent positivity	Percent positivity	
	12.5%	20.3%	
B	Week 40 (Sep 29 - Oct 05, 2024)		
<u>Provincial</u> metrics	Provincial weekly indicator change: Lower		

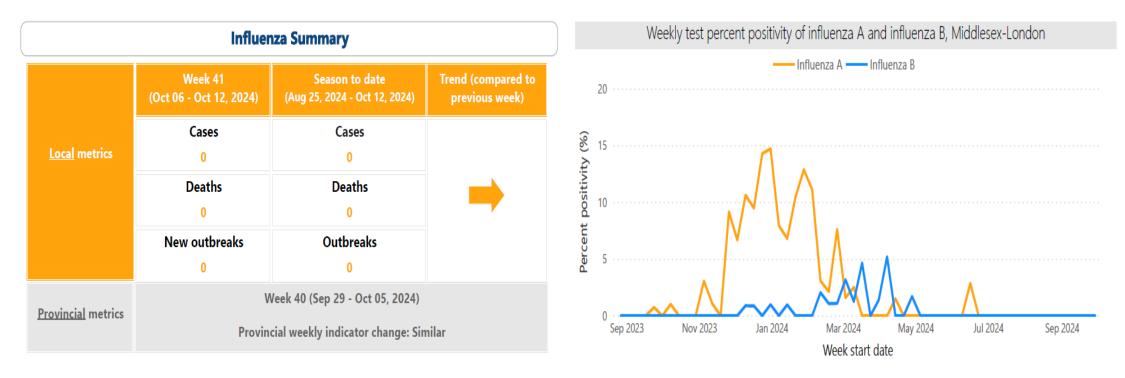
Data source: Middlesex-London Health Unit – *Middlesex-London Respiratory Surveillance Report*, extracted 2024-10-16. Data current as of the end of day 2024-10-16. https://app.powerbi.com/view?r=eyJrljoiODg3ZDIwOTctNzFmOS00MDczLWEwMDAtMDU1ZDk 40GZIMzgzliwidCl6ImRjNTYxMjk1LTdjYTktNDFhOS04M2JmLTUwODM0ZDZhOWQwZiJ9



Source: Visual Analytics Hub, Capacity Planning and Analytics Division, Ontario Ministry of Health.



Influenza

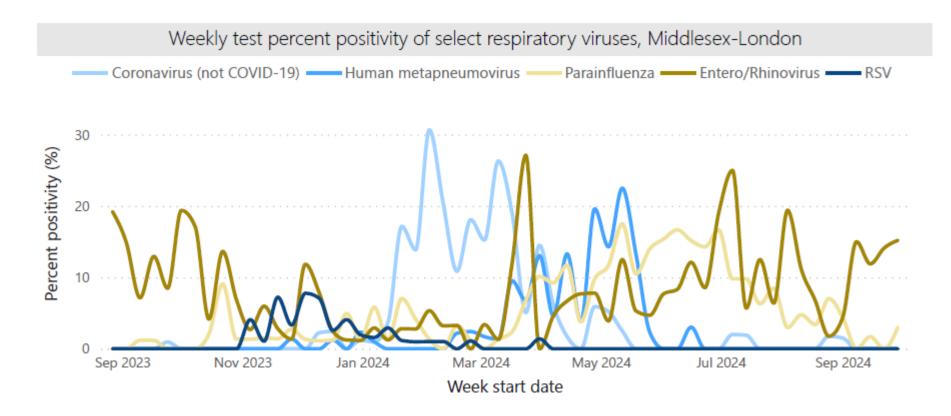


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16. https://app.powerbi.com/view?r=eyJrljoiODg3ZDIwOTctNzFmOS00MDczLWEwMDAtMDU1ZDk4OGZIMzgzliwidCl6I mRjNTYxMjk1LTdjYTktNDFhOS04M2JmLTUwODM0ZDZhOWQwZiJ9



Other Respiratory Viruses



Data source: Middlesex-London Health Unit – Middlesex-London Respiratory Surveillance Report, extracted 2024-10-09. Data current as of the end of day 2024-10-16.

https://app.powerbi.com/view?r=eyJrljoiODg3ZDlwOTctNzFmOS00MDczLWEwMDAtMDU1ZDk4OGZIMzgzliwidCl6ImRjNTYxMjk1LTdjYTktNDFhOS04M2JmLTUwO DM0ZDZhOWQwZiJ9



Vaccine Updates





The Universal Influenza Immunization Program (UIIP) offers influenza vaccine free of charge each year to **all individuals 6 months of age and older who live, work, or go to school in Ontario** (Universal Influenza Immunization Program | ontario.ca).



- All influenza vaccine products are now available to order through the Public Health Ordering System (PHOS).
- Flucelvax vaccine, for those who request an egg-free, product is available in limited quantities.
- Initial orders are currently being filled for high-risk individuals and priority populations.
- Vaccine ordering will resume for more product the week of October 15, 2024, with pick up available as of October 21, 2024.
- General population becomes eligible for vaccine October 28, 2024.
- Both the Influenza and COVID-19 vaccines can be administered on the same day, and/or with other vaccines if the vaccines are in separate syringes and using both deltoid muscles. If two vaccines must be administered into the same deltoid, ensure that they are at least 1" apart and still within the muscle.



Vaccine Supply and Ordering:

- Healthcare providers not yet registered to use PHOS can register online.
- Doctors' offices and other healthcare providers (except Long-Term Care Homes, Retirement Homes, and Hospitals) are asked to avoid planning large clinics for the general population until early November to ensure an adequate supply of influenza vaccine for high-risk populations.



Program Timelines and Vaccine Prioritization:

Healthcare providers are asked to prioritize the administration of their influenza vaccine supply to **priority populations** outlined in the chart.

Immunization for all other populations begins on October 28, 2024.

Date Populations eligible for influenza vaccine Influenza vaccine available for the following individuals: Influenza vaccine available for the following individuals: Hospitalized individuals, hospital staff, and care providers LTCH residents, staff, and care providers Residents, staff, and care providers in retirement homes and other congregate living settings Realth care workers Health care workers First responders Individuals with significant exposure to birds or mammals (e.g., poultry livestock, slaughterhouse, and processing plant workers, wildlife officers/researchers, and veterinarians) People ≥65 years of age All pregnant individuals All children 6 months to 4 years of age
 Individuals in or from First Nations, Métis, or Inuit communities Members of racialized and other equity deserving communities Individuals 6 months of age and older with the following conditions: Cardiac or pulmonary disorders Diabetes mellitus or other metabolic disease Cancer Conditions or medications that compromise the immune syster Renal disease Anemia or hemoglobinopathy Neurologic or neurodevelopment conditions Morbid obesity (body mass index of ≥40) Children and adolescents (6 to 18 years) undergoing treatmen with acetylsalicylic acid for long periods



- Pharmacies must be approved by the Ministry of Health to provide pharmacist-administered influenza vaccine under the UIIP.
- Pharmacies in Middlesex-London area order vaccine from the pharmaceutical distributor designated by the Ministry of Health.
- Pharmacies can refer to a <u>flowchart</u> on the Ministry of Health UIIP –Pharmacy Program web page to determine who to contact for specific questions (<u>https://www.ontario.ca/page/universal-influenza-immunization-program#section-10</u>).



Influenza Vaccine for Individuals without an Ontario Health Card

- Individuals without OHIP coverage are eligible to receive publicly funded influenza vaccine.
- Pharmacies can make a claim through the Ministry's Health Network System when administering vaccine to an individual without OHIP. (please refer to Ontario Public Drug Programs
 - <u>Executive Officer Communications</u> for additional information).





The COVID-19 vaccine program offers COVID-19 vaccines free of charge to all individuals 6 months of age and older in Ontario at no cost, regardless of citizenship or immigration status, even if they do not have an Ontario health card (COVID19 Vaccine Program | ontario.ca).



- The timing of the COVID-19 and Influenza vaccine campaigns are aligned to encourage co-administration of vaccine.
- Pfizer KP.2 and Moderna KP.2 mRNA vaccines are now available for order.
- Novavax (protein subunit vaccine) will not be available in Canada this year.
- Individuals who are considered high-risk or part of a priority population can now receive a dose. All others can start to receive the COVID-19 vaccine at the end of October.
- A dose of COVID-19 vaccine is recommended for all individuals if it has been six months since last dose or confirmed SARS-CoV-2 infection. Minimum spacing is 3 months (84 days).



High-risk and Priority Populations:

- adults 65 years or older
- individuals 6 months and older who are:
 - residents of long-term care homes and other congregate living settings
 pregnant

o in or from First Nations, Métis, or Inuit communities

members of racialized and other equity-deserving communities

 at higher risk of severe COVID-19 due to <u>underlying medical conditions</u>, including children with complex health needs



High-risk and Priority Populations:

- children 6 months to 4 years
- staff and care providers of long-term care homes and other congregate living settings
- health care workers
- first responders
- individuals with significant exposure to birds and mammals (such as poultry, livestock, slaughterhouse and processing plant workers, wildlife officers/researchers, and veterinarians)



Dosage, Storage, and Handling Information

	Moderna KP.2 Vaccine	Pfizer KP.2 Vaccine
Eligibility	6 months of age and older	12 years of age and older
Dose	0.25 ml (25 mcg) for individuals 6 months to 11 years of age 0.5 ml (50 mcg) for individuals 12 years and older	0.3 ml (30 mcg)
Doses per vial	10 doses (0.25 ml) OR 5 doses (0.5 ml) -can also be combination of doses from one vial	6 doses per vial
Freezer to fridge expiry date	Must be used in 50 days* from freezer when kept between 2-8°C in fridge	Must be used in 70 days from freezer when kept between 2-8°C in fridge
Room temperature vial expiry	12 hours at 8-25°C	12 hours at 8-25°C
Post puncture expiry (after the first dose is drawn)	24 hours at 2-8°C 12 hours at 8-25°C	12 hours at 2-25°C

*Moderna is now 50 days (it was previously a shorter timeframe)



RSV Protection for Infants and High-Risk Children



RSV Protection for Infants and High-Risk Children

Newborns are the highest-risk individuals for severe outcomes related to RSV.

There are two products available to protect newborns from RSV:

- **Abrysvo** is a vaccine available for pregnant individuals to protect their newborns from RSV from birth until 6-months of age, to be given between 32-36 weeks gestation.
- Nirsevimab (Beyfortus) is a monoclonal antibody product available for all infants and high-risk children.



RSV Protection for Infants and High-Risk Children

- The mother and the infant should not each receive a vaccine/product it should be one or the other, except in certain <u>high-risk situations</u>
- Providing Nirsevimab (Beyfortus) to the infant is the recommended approach for protection of infants per the National Advisory Committee on Immunization (NACI), with the Abrysvo vaccine being available on a caseby-case basis to pregnant individuals.
- Families need to speak to their HCP to discuss options.



www.healthunit.com Specific Circumstances: Nirsevimab (Beyfortus) Administration to Infants of Gestational Parents Who Received Abrysvo:

- Infants born less than 2 weeks after administration of Abrysvo
- Infants who meet the medical criteria for increased risk from severe RSV disease:
 - Chronic lung disease (CLD), including bronchopulmonary dysplasia, requiring ongoing assisted ventilation, oxygen therapy or chronic medical therapy in the six months prior to the start of RSV season
 - Hemodynamically significant congenital heart disease (CHD) requiring corrective surgery or are on cardiac medication for congestive heart failure or diagnosed with moderate to severe pulmonary hypertension
 - \circ Severe immunodeficiency
 - Down syndrome/Trisomy 21
 - $\circ~$ Cystic fibrosis with respiratory involvement and/or growth delay
 - Neuromuscular disease impairing clearing of respiratory secretions
 - Severe congenital airway anomalies impairing the clearing of respiratory secretions
 Beference: Ontario Ministry of Health. (2024 August 8). Infant and High-risk Children Respiratory. Syncytial Virus (RSV) Prevention Program Guidance.

Reference: Ontario Ministry of Health. (2024, August 8). Infant and High-risk Children Respiratory Syncytial Virus (RSV) Prevention Program Guidance for Health Care Providers – Beyfortus® (Nirsevimab) (Version 1.0). Retrieved from the Legislative Assembly of Ontario website: <u>https://www.ontario.ca/files/2024-08/moh-infant-high-risk-children-rsv-beyfortus-guidance-hcp-en-2024-08-28.pdf</u>. (page 4)



RSV Protection for Infants and High-Risk Children

Ordering:

Please order the products best suited to meet your patients' needs.

- The Abrysvo vaccine is available for order.
- The Nirsevimab (Beyfortus) product will be available for order in PHOS within the next 1-2 weeks.
 - For those newborns who do not receive a dose at birth, it is prudent for the healthcare provider to administer the product at their first appointment.



RSV Protection for Infants and High-Risk Children

Nirsevimab (Beyfortus) comes in two dosing options:

- 50 mg and 100 mg (dose determined by weight)
- The 100 mg dose cannot be split into two 50 mg doses
- Please have both doses in your inventory if you have newborn patients

For those newborns who do not receive a dose at birth, it is prudent for the healthcare provider to administer the product at their first appointment.



Beyfortus Administration Guidelines for Infants and Children

Category	Weight	Dose	Timing
Infants born during the current RSV season∞	< 5 kg	50 mg in 0.5 mL (100 mg/mL)	Administered from birth
	≥ 5 kg	100 mg in 1 mL (100 mg/mL)	Administered from birth
Infants born in 2024 before the current RSV season starts (up to 12 months of age)*	< 5 kg	50 mg in 0.5 mL (100 mg/mL)	Shortly before the start of the RSV season∞
	≥ 5 kg	100 mg in 1 mL (100 mg/mL)	Shortly before the start of the RSV season∞
Children over 12 months and up to 24 months of age and at continued high- risk from RSV infection	N/A	200 mg (two 1 mL injections of 100 mg/mL) [†]	Shortly before the start of their second RSV season∞

∞ Due to the seasonality of the RSV virus, Beyfortus should be administered shortly before and during the active RSV season. The RSV season is generally from November to April, peaking in December, with variations in various regions in Ontario and between years.

*NACI recommends Beyfortus especially for infants less than 8 months of age due to risk of severe outcomes in younger infants.

[†]If a child weighs less than 10 kg entering their second RSV season, consideration can be given to administering a single dose of 100 mg at the clinical discretion of the provider.

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Reference: Ontario Ministry of Health. (2024, August 8). Infant and High-risk Children Respiratory Syncytial Virus (RSV) Prevention Program Guidance for Health Care Providers – Beyfortus® (Nirsevimab) (Version 1.0). Retrieved from the Legislative Assembly of Ontario website: https://www.ontario.ca/files/2024-08/moh-infant-high-risk-children-rsv-beyfortus-guidance-hcp-en-2024-08-28.pdf. (page 6)

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Table 1: Comparison of the Monoclonal Antibody and Vaccine for Infant RSV Prevention

	Monoclonal Antibody Provided to Infant	Vaccine Provided to Pregnant Individuals
Immunizing Agent	Beyfortus [®] (Nirsevimab)	Abrysvo™
Indication for use	Infants and high-risk children up to 24 months of age (to be administered during RSV season).	Pregnant individuals between 32-36 weeks gestation who will deliver during RSV season.
Type of immunity for infant	Passive	Passive
How it works	Through injection, provides ready-made antibodies for immediate protection	Stimulates the pregnant individual's immune system to produce antibodies. Antibodies are transferred to the infant through the placenta and breastfeeding.
Timing of Administration	Just prior to or during RSV season	Just prior to or during the RSV season
How long it takes to be effective	Protection immediately after administration	Approximately 2 weeks following administration – given at 32 to 36 weeks gestation for antibody transfer to infant
Duration of Infant Protection	Short-term, up to 6 months	Up to 6 months from birth

Reference: Ontario Ministry of Health. (2024, August 8). *Infant and High-risk Children Respiratory Syncytial Virus (RSV) Prevention Program – Immunity, Monoclonal Antibodies and Vaccination* (Version 1.0). Retrieved from the Legislative Assembly of Ontario website: <u>https://www.ontario.ca/files/2024-08/moh-infant-high-risk-children-rsv-immunity-en-2024-08-29.pdf</u>. (page 3)



Co-Administration of Respiratory Vaccines

- All seasonal influenza vaccines may be given at the same time as, or any time before or after administration of other vaccines (either live or inactivated).
- Healthcare providers are asked to consider the co-administration of influenza and COVID-19, as well as products available for <u>RSV</u> protection to those who are eligible.



Adverse Events Following Immunizations

- All <u>Adverse Events Following Immunization (AEFIs)</u> must be reported to your local public health unit.
- Additional information is available at: <u>https://www.healthunit.com/aefi</u>.



Important

Due to an influx of vaccine orders this month, the Middlesex-London Health Unit requests that healthcare provider offices wait for their confirmation email which will specify the date for vaccine order pick up.

The date you request when placing vaccine orders may not be available. Currently, there is a 2–3-day delay.

Thank you for your patience!



How to Contact the VPD Team at the MLHU with Questions

· Call 519-663-5317

· Vaccine orders and distribution: <u>VaccineOrders@mlhu.on.ca</u>

 COVAXon assistance or adding users: <u>COVIDVaccine.Informatics@mlhu.on.ca</u>

· Public Health Nurse questions about vaccines: <u>Shots@mlhu.on.ca</u>



End to Program Extensions for Missed Vaccine Doses



End to Program Extensions for Missed Vaccine Doses

Due to service disruptions that resulted from the COVID-19 pandemic, the province had extended eligibility for certain age or grade-based publicly funded vaccines to provide an opportunity for individuals to receive missed doses.

These extensions have now ended or will be ending soon.



End to Program Extensions for Missed Vaccine Doses

This chart provides details regarding extension end dates, and a reminder of the on-going publicly funded criteria.

Program	Vaccine	Extensions to Publicly Funded Eligibility	On-going Eligibility
	Hepatitis B (Recombivax or Engerix)	Extensions have ended for those born in 2005 and 2006.	Grades 7-12
Routine School	HPV-9 (Gardasil 9)	Extensions have ended for those born in 2002, 2003, 2004, 2005, and 2006.	Grades 7-12
	Men-C-ACYW135 (Nimenrix or Menactra)	N/A	Grades 7-12 and those born in or after 1997
Routine Adult	Herpes Zoster (Shingrix)	Extension will end on December 31, 2024, for seniors born in 1949, 1950, 1951, 1952, and 1953.	65 to 70 years old
	HPV-9 (Gardasil 9)	Extension will end on December 31, 2024, for males born in 1993, 1994, 1995, 1996, and 1997.	*Males 9 to 26 years
*High Risk	4CMenB (Bexsero)	Extension will end on December 31, 2024, for individuals born in 2002, 2003, 2004, 2005, and 2006).	*2 months to 17 years
	Men-C-ACYW135 (Nimenrix or Menactra)	Extension will end on December 31, 2024, for individuals born in 1964, 1965, 1966, 1967, and 1968.	9 months to 55 years

*See Table 3 of the <u>Publicly Funded Immunization Schedules for Ontario</u> (June 2022) for highrisk criteria.





Students in Grade 7 are eligible to receive Meningococcal Conjugate ACYW135 vaccine and the 2-dose Hepatitis B and HPV vaccine series as part of the routine, publicly funded immunization program.

- The vaccines are conveniently provided at school by the Health Unit to students with parent/guardian consent.
- The Health Unit visits elementary schools twice annually, once in the fall and again in the spring, to administer the vaccines. Students with consent who miss receiving some or all vaccines in Grade 7 can receive them at school in Grade 8.



Healthcare providers can order Meningococcal Conjugate ACYW135, Hepatitis B and HPV vaccines for Grade 7 (or Grade 8) students who are not immunized at school.

• The vaccines can be ordered through the <u>Public Health Ordering</u> <u>System</u> on a per-patient basis.

 Offices frequently providing these vaccines can also request to order vaccines in "batches." Requests for batch-ordering privileges can be made by calling the Health Unit's Vaccine Preventable Disease Team (519-663-5317) or emailing <u>shots@mlhu.on.ca</u>



Important: HCPs providing Meningococcal Conjugate ACYW135, Hepatitis B, and HPV must report administration to the Health Unit.

- A <u>reporting form</u> is included with the vaccine order and should be faxed to 519-663-0416 once completed.
- Reporting prevents students from receiving unnecessary doses at school or other clinics and prevents unnecessary school suspension under the *Immunization of School Pupils Act* for the mandatory Meningococcal Conjugate ACYW135 vaccine.



Newsletters and Webinars



Newsletters and Webinars

- The next Healthcare Provider newsletter is scheduled for release on November 5, 2024, and or next webinar will be on November 19, 2024.
- If you have a suggestion for an email update, please share your ideas with us!
- We appreciate hearing from you. Your feedback is important to us.
- You can contact us @ <u>healthcareproviders@mlhu.on.ca</u>



Thank you for joining us! Questions?

- Ask using chat function now, or after the webinar at: <u>healthcareproviders@mlhu.on.ca</u>
- For urgent matters please call the Health Unit's main line at **519-663-5317**
- For more information
 <u>www.healthunit.com/healthcare-providers</u>

