



**Healthcare Provider Webinar
Middlesex and London Region
September 17, 2024**

Welcome

Presenters:

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&

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Middlesex-London Health Unit

September 17, 2024

Outline

- Respiratory Season
 - Middlesex-London Health Unit's Respiratory Surveillance Report (“the Dashboard”)
- Vaccine Updates
 - Vaccine Distribution
 - Influenza and COVID-19 Vaccine Ordering
- RSV (Respiratory Syncytial Virus) Prevention Programs
 - High-risk older adult RSV Vaccine program
 - RSV Protection for Infants
 - Abrysvo
 - Nirsevimab (Beyfortus)

Outline (continued)

- Mpox
 - Testing
- Rabies
 - Report
 - Risk Assessment
 - Post-exposure Prophylaxis
 - Request for Support
- 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 updated weekly each Tuesday at noon throughout the respiratory season.
- The data represents a snapshot in time.

The dashboard can be found on MLHU [website](https://www.healthunit.com/respiratory-surveillance) (<https://www.healthunit.com/respiratory-surveillance>)

It's BAAAAACK.....

Respiratory Dashboard!

Middlesex-London Respiratory Surveillance Report

Last updated: 2024-09-10 12:00 PM

The data in this dashboard represent a snapshot in time and are subject to change as public health investigations into reported cases continue, and as ongoing data quality updates are undertaken, such as correcting for missing or overcounted cases and deaths. The number of cases reported on any given day may change as cases may be referred between jurisdictions or, following further investigation, individuals may no longer meet the case definition. The data shown here may differ from other sources as data may be extracted at different times.

If you have questions about accessibility or require content in an alternative format, please contact accessibility@mlhu.on.ca

Respiratory summary

COVID-19

Influenza

Other respiratory viruses

ED visits

Technical notes

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	Low
2. New hospitalizations (COVID-19, influenza and RSV)	Moderate
3a. Percent test positivity for COVID-19	High
3b. Percent test positivity for influenza	Low
4. Emergency department visits due to influenza-like illness syndrome	Moderate

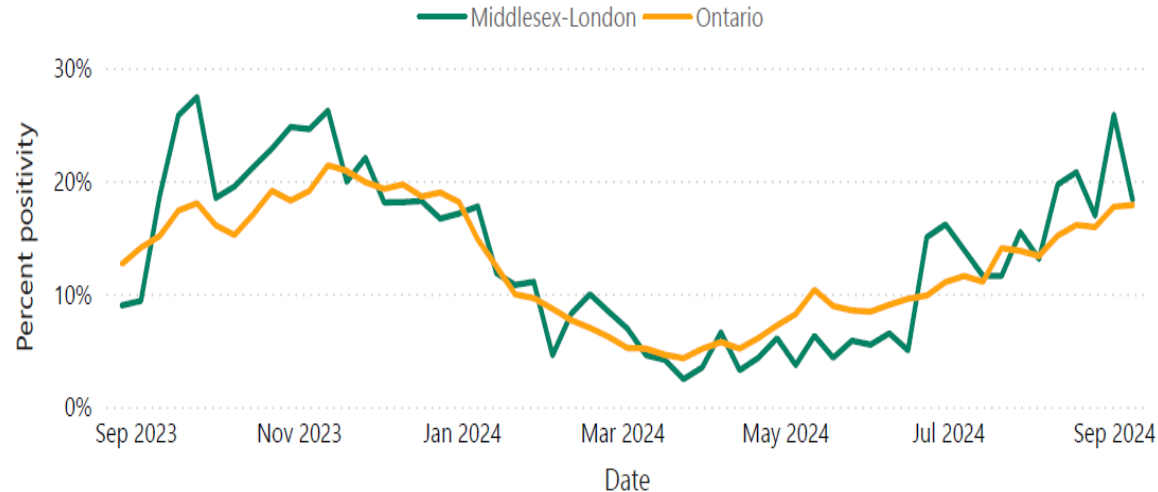
Note: Please refer to the *Technical notes* for the definition of activity level of each indicator.

COVID-19

COVID-19 Summary

	Week 37 (Sep 08 - Sep 14, 2024)	Season to date (Aug 25, 2024 - Sep 14, 2024)	Trend (compared to previous week)
Local metrics	Deaths 0	Deaths 2	↓
	New outbreaks 1	Outbreaks 9	
	Percent positivity 18.3%	Percent positivity 20.4%	
Provincial metrics	Week 36 (Sep 01 - Sep 07, 2024)		
	Provincial weekly indicator change: Higher		

Weekly test percent positivity of COVID-19, Middlesex-London and Ontario



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

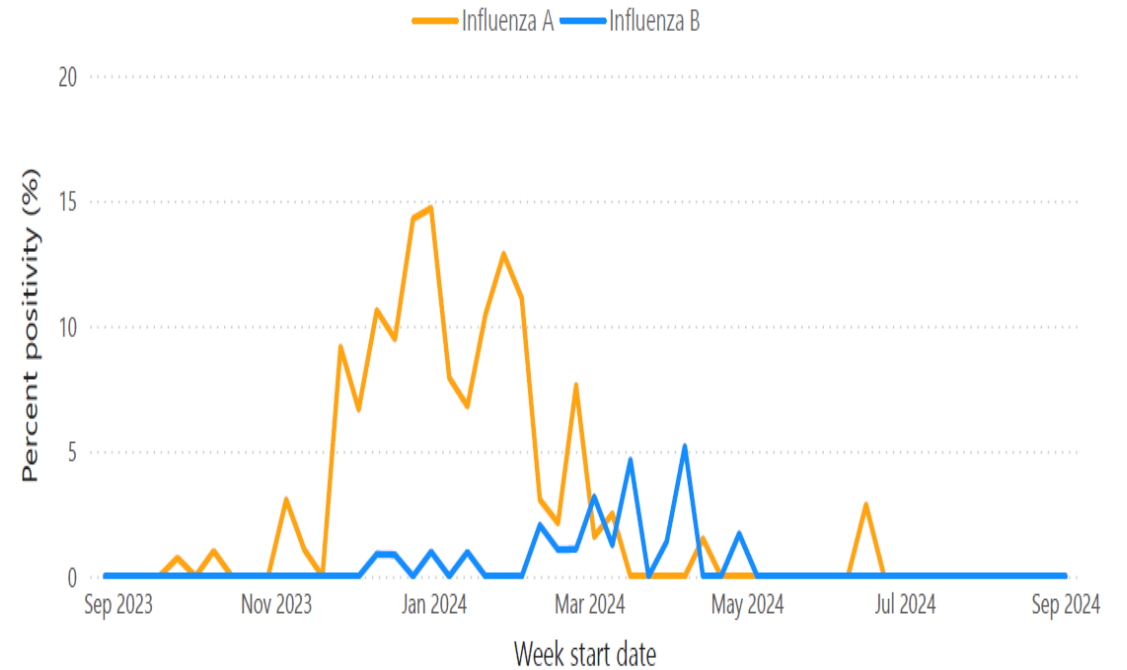
Data source: Middlesex-London Health Unit – *Middlesex-London Respiratory Surveillance Report*, extracted 2024-09-17. Data current as of noon 2024-09-17.
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Influenza

Influenza Summary

Local metrics	Week 37 (Sep 08 - Sep 14, 2024)	Season to date (Aug 25, 2024 - Sep 14, 2024)	Trend (compared to previous week) ➔
	Cases 0	Cases 0	
	Deaths 0	Deaths 0	
	New outbreaks 0	Outbreaks 0	
Provincial metrics	Week 36 (Sep 01 - Sep 07, 2024) Provincial weekly indicator change: Similar		

Weekly test percent positivity of influenza A and influenza B, Middlesex-London

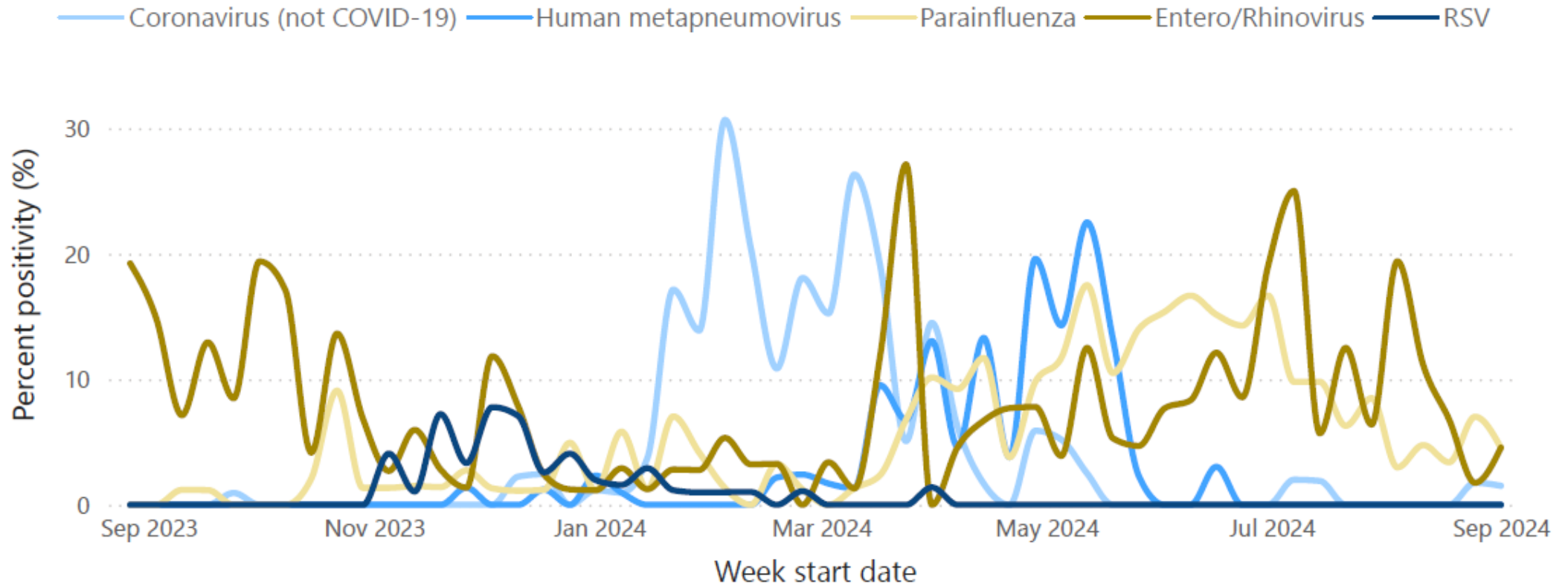


Data source: Middlesex-London Health Unit – *Middlesex-London Respiratory Surveillance Report*, extracted 2024-09-17. Data current as of noon 2024-09-17. <https://app.powerbi.com/view?r=eyJrIjojODg3ZDlwOTctNzFmOS00MDczLWUwMDAtMDU1ZDk4OGZlMzgziWidCl6ImRjNTYxMjk1LTdjYTktNDZhOS04M2JmLTUwODM0ZDZhOWQwZiJ9>

Data source: Middlesex-London Health Unit – *Middlesex-London Respiratory Surveillance Report*, extracted 2024-09-17. Data current as of noon 2024-09-17. <https://app.powerbi.com/view?r=eyJrIjojODg3ZDlwOTctNzFmOS00MDczLWUwMDAtMDU1ZDk4OGZlMzgziWidCl6ImRjNTYxMjk1LTdjYTktNDZhOS04M2JmLTUwODM0ZDZhOWQwZiJ9>

Other Respiratory Viruses

Weekly test percent positivity of select respiratory viruses, Middlesex-London



Data source: Middlesex-London Health Unit – *Middlesex-London Respiratory Surveillance Report*, extracted 2024-09-17. Data current as of noon 2024-09-17.
<https://app.powerbi.com/view?r=eyJrIjojODg3ZDlwOTctNzFmOS00MDczLWUwMDAtMDU1ZDk4OGZlMzgzliwidCI6ImRjNTYxMjk1LTdjYTktNDZhOS04M2JmLTUwOjE0MDZDZmZlOWQwZiJ9>



Vaccine Updates

Vaccine Updates

The Middlesex-London Health Unit will not hold general community clinics for fall vaccines this year.

- Pharmacies and healthcare providers (HCPs) will be the primary source of vaccine administration.
- MLHU will focus on individuals under the age of 2 years.
- MLHU will assist in immunizing some priority populations through outreach mobile clinics.

Vaccine Distribution

Healthcare providers and facilities are required to use the [Public Health Ordering System \(PHOS\)](#) to order influenza and COVID-19 vaccines.

- There are no pre-package auto shipments this year.
- HCPs and facilities that are not currently registered to use the PHOS must complete the [online registration form](#).
- **Vaccine orders placed via fax or email will not be processed.**

Vaccine Distribution

Vaccine products are available to order in PHOS according to the ordering timelines.

Please Note: the dates provided are **approximate, depending upon** when the Middlesex-London Health Unit receives vaccine from the Ontario Government Pharmacy.

- COVID-19 vaccine **may not** be available at the same time as influenza vaccine.
- After submitting an order, health care providers and facilities can expect a **confirmation email** noting pick-up dates and times.

Vaccine	Provider / Facility	Place first order	Pick-up date (exact date to be confirmed by email)
Influenza	Long-Term Care Homes, Retirement Homes, Hospitals	Week of September 16, 2024	September 30, 2024
	Doctors' Offices and other Healthcare Providers	Week of September 23, 2024	October 7, 2024
COVID-19	Long-Term Care Homes, Retirement Homes, Hospitals	Week of September 16, 2024	September 30, 2024
	Doctors' Offices and other Health-Care Providers	Week of October 7, 2024	October 15, 2024

Influenza and COVID-19 Vaccine Ordering

Important items to consider when planning for influenza and COVID-19 vaccine orders:

- Only a **1-month supply** of vaccine should be ordered at a time.
- Re-orders will be accepted when the MLHU supply is replenished by the Ontario Government Pharmacy (approximately mid-October or later).
- HCPs are encouraged to review their previous year's vaccine administration quantities to assist in planning for their first fall vaccine orders.

If you have questions about your initial allocation quantity from last year,

e-mail Vaccine.Orders@mlhu.on.ca.

Influenza and COVID-19 Vaccine Ordering

- HCP vaccine orders may be reduced based on the Health Unit's current supply, past ordering amounts, usage, and wastage.
- MLHU is committed to the equitable distribution of fall vaccines across London and Middlesex County, while minimizing wastage.
- To order COVID-19 vaccine, facilities must have a current Memorandum of Understanding (MOU) with the MLHU and provide the MLHU with updated lists of vaccine administrators and providers for COVAXon use.

Please email COVIDVaccine.Informatics@mlhu.on.ca with any questions regarding MOUs or COVAXon user updates.



RSV (Respiratory Syncytial Virus) Prevention Programs

High-risk Older Adult RSV Vaccine program

Eligibility criteria for the High-Risk Older Adult RSV Vaccine Program for Fall, 2024, with Arexvy are:

Adults 60 years and older who also meet one of these criteria (1 lifetime dose):

- Residents of Long-Term Care Homes, Retirement Homes, Elder Care Lodges
- Individuals in hospital receiving alternate level of care (ALC)
- Individuals receiving hemodialysis or peritoneal dialysis
- Recipients of solid organ or hematopoietic stem cell transplants
- Individuals experiencing homelessness
- Individuals who identify as First Nations, Metis, Inuit, or Urban Indigenous

High-risk Older Adult RSV Vaccine program

- Long-Term Care Homes, Retirement Homes, and Hospitals can order this vaccine by batch ordering for individuals.
- Other healthcare providers can order for single patients through high-risk dose ordering in [PHOS](#).

RSV Protection for Infants

Newborns are the highest-risk individuals for severe outcomes related to RSV. There will be 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 they are 6 months old, to be given between 32-36 weeks gestation.
- Nirsevimab (Beyfortus), is a monoclonal antibody product **available for infants and high-risk children**.
- This product will become available in October.

RSV Protection for Infants

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

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

Abrysvo

- Abrysvo vaccine administered to pregnant individuals reduces RSV-associated hospital admission in their infants by 57%.
- It also reduces medically attended RSV respiratory tract infection in infants by 51% in their first RSV season.
- Abrysvo is **available to order** through the [Public Health Ordering System \(PHOS\)](#)

Please note: Other RSV vaccines (e.g., Arexvy) should **not** be administered to pregnant individuals.

Nirsevimab (Beyfortus)

- Nirsevimab (Beyfortus) offers immediate protection to help prevent RSV infection.
- It is shown to reduce hospital admission by 81-83%.
- It has also shown an 80% reduction in medically attended RSV respiratory tract infection in healthy infants.
- Nirsevimab (Beyfortus) is **anticipated to arrive in Ontario mid-October** and is not yet available to order.
- Once available, it can be ordered in the PHOS.
- Nirsevimab (Beyfortus) will be offered in-hospital after birth to newborn infants during RSV season.

Nirsevimab (Beyfortus)

- HCPs should also have Nirsevimab (Beyfortus) available for babies born outside of hospital, and for those who may not receive it at birth.
- Dosing and eligibility charts are available – see next slide
- Nirsevimab (Beyfortus) can be co-administered with the Vitamin K injection, and/or any other routine vaccine.
- Nirsevimab (Beyfortus) is to be treated as a vaccine.
- It must be kept in a vaccine fridge according to storage and handling guidelines.
- It is administered to infants under one year of age into the anterolateral thigh.

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.			

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

In certain circumstances, administration of both Abrysvo to the parent and Nirsevimab (Beyfortus) to the infant may be indicated:

- 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
 - Severe immunodeficiency
 - Down syndrome/Trisomy 21
 - 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



Mpox

Mpox

- On August 14th, the World Health Organization declared mpox a public health emergency of international concern.
- The current outbreak of mpox in Africa is caused by the more severe strain of clade 1b mpox; only 2 countries outside of Africa reporting cases.
- There have been no cases of clade 1b mpox in Canada
- While Canada has a [Level 2](#) travel advisory related to the mpox outbreak, vaccination against mpox prior to travel is **not** currently recommended and Ontario does not provide Mpox vaccination for travel purposes.
- Eligible individuals continue to be encouraged to get vaccinated against mpox

Testing for Mpox

Submit a maximum of three skin lesion specimens per patient.

- Based on PHO's laboratory data, detection sensitivity from individual skin specimens is high (approximately 90%) in patients with laboratory confirmed MPX infection.
- Nasopharyngeal/throat swabs and blood specimens are generally not recommended in patients who have skin lesions that can be swabbed or have skin lesion material that can be submitted for testing (e.g., scab).
- Skin lesions usually have higher viral loads; therefore, skin swabs or lesion material are more sensitive for MPXV detection.

Testing for Mpox

- Blood should always be submitted along with a nasopharyngeal (NP) swab or throat swab on patients suspected of MPXV infection who do not have a skin rash (e.g., a close contact of a case with a febrile illness but no rash), or their skin rash can't be reliably swabbed (e.g., macular or papular rash only).
- See specimen requirements in the [Public Health Ontario Mpox Testing Information](#).



Rabies

Rabies

- On September 6, 2024, the Middlesex-London Health Unit issued an [Alert](#)
- Brant County Health Unit confirmed the first human case of rabies in Ontario since 1967 following a bat exposure.
- There is a higher rate of rabies identified in bats this year.
- The Middlesex-London Health Unit, hospital partners, and local primary care providers are actively involved in preventing rabies infections in our community.

Rabies: Report

This is a reminder for all healthcare providers to report animal bites or other concerning animal exposures to the Health Unit.

The Health Unit conducts risk assessments based on the information reported and investigates animals as needed.

For more information: [Rabies Exposure Reporting for Professionals — Middlesex-London Health Unit](#)

Rabies: Risk Assessment

- While other species of animals are potential carriers of rabies, bats are considered the highest risk for rabies exposure.
- Anyone who has had direct contact with a bat should receive post-exposure prophylaxis (PEP).
- Of note, PEP is not recommended when there is no evidence of direct contact with the animal.

As you conduct risk assessments of bites and animal exposures to provide recommendations to your patients regarding post-exposure prophylaxis, please refer to [rabies-exposure-guidance-hcps.pdf \(publichealthontario.ca\)](https://www.healthunit.com/files/2018/05/rabies-exposure-guidance-hcps.pdf).

Post-exposure Prophylaxis for Rabies in Middlesex-London

- Following animal exposure and risk assessment, individuals may be advised to receive post-exposure prophylaxis (PEP) for rabies.

PEP involves:

- Administration of rabies immunoglobulin and a first dose of rabies vaccine by hospital staff.
- Administration of an additional 3-4 doses of rabies vaccine on day 3, 7, 14, and in some cases, day 28, following the initial vaccine dose and immunoglobulin.
- The Middlesex-London Health Unit (MLHU) administers these vaccine doses 7 days a week.

Rabies: Request for Support

MLHU is requesting support from primary care providers in the community who may have capacity and interest in assisting with administration of PEP rabies vaccine on day 3, 7, 14, and day 28 (if necessary).

- MLHU would manage the cases and send referrals to the primary care provider for vaccine administration.
- The primary care provider would order and stock rabies vaccine from MLHU using the same process used for ordering other publicly funded vaccines.
- Participating primary care providers would report to the MLHU any doses of rabies vaccines administered.
- Doses must be administered on the scheduled days indicated, without alteration. Appointment times would need to be available with short notice, following the vaccine administration schedule.

Rabies: Request for Support

If interested, please email, shots@mlhu.on.ca and include:

- Your name and designation (i.e., physician, nurse practitioner)
- Location of your practice
- The days/hours you would be available to see patients for rabies vaccine administration.
- MLHU is looking for appointment availability on weekdays and weekends, during both daytime and/or evening hours.

Thank you for your support and consideration of this request.



Newsletter and Webinar Schedule

Newsletter and Webinar Schedule

- The next Healthcare Provider newsletter is scheduled for release on October 2, 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 @ healthcareproviders@mlhu.on.ca

Thank you for joining us!

Questions?

- Ask using Q & A function 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

