

Lambton Public Health 160 Exmouth Street Point Edward, ON N7T 7Z6 www.lambtonpublichealth.ca

MEMO

Date: July 12, 2023

Pages: 3

- To: Health Care Providers
- From: Dr. Karalyn Dueck, Medical Officer of Health
- Re: Ontario Ministry of Health COVID-19 Vaccine Guidance Update; Online Consent for Grade 7 School Vaccines; Tick-borne Diseases of Public Health Significance

Ontario's Ministry of Health updated COVID-19 vaccine guidance on July 7, 2023.

Highlights:

- <u>Per National Advisory Committee on Immunization (NACI) recommendations</u>, bivalent mRNA COVID-19 vaccines are to be used for primary series initiation or completion in all individuals 6 months and older. Previously, bivalent mRNA COVID-19 vaccines were only used as booster doses.
- Bivalent COVID-19 vaccines available are Pfizer-BioNTech [COMIRNATY[®]] BA.4/5 and Moderna [SPIKEVAX[®]] BA.4/5. There is an expanded indication for bivalent Moderna BA.4/5 for individuals ages 6 to 17 years for use as a COVID-19 vaccine booster.
- Individuals ages 5 years and older should consider delaying receipt of a COVID-19 vaccine booster until Fall 2023. Receiving a booster dose as respiratory season commences will maximize protection against COVID-19 when peak circulation of the virus is expected, and will ensure individuals meet the expected 6-month recommended interval from their last dose. The decision to receive a booster dose prior to Fall 2023 may be appropriate for certain individuals based on their unique health status and personal situation, who are encouraged to speak with a health care provider about this decision.

An updated '<u>Lambton Public Health (LPH) COVID-19 Vaccine Order Form</u>' is attached, reflecting the recommendation to offer mRNA COVID-19 bivalent vaccines for both primary series and booster doses.

The <u>Ontario Ministry of Health guidance document</u> provides preferred products and dosing by age. To become a COVID-19 vaccine administration site, visit <u>LPH's website</u> or contact <u>healthcarepartners@county-lambton.on.ca</u>.



Online Consent for Grade 7 School Vaccines

LPH has implemented a new online consent process for Grade 7 school vaccines, for hepatitis B, human papillomavirus (HPV), and meningococcal. Parents/guardians of students entering Grade 7 in September 2023 have been asked by LPH to complete the online consent form this summer, to plan school clinics for the Fall. Please direct all parents/guardians of students entering Grade 7 to <u>GetTheVaccine.ca</u> for instructions, a fact sheet, FAQs, and the online consent form. Students entering Grade 8 who need to receive or complete these vaccines or series can also submit a consent form to receive the vaccines at school in 2023/24.

If patients are unable to receive their vaccinations at school, their health care providers may order these vaccines using LPH's '<u>General & School Vaccine Order Form</u>'. It is the responsibility of students' parents/guardians to report these vaccines to LPH, at <u>GetTheVaccine.ca</u>.

Having up-to-date immunization records is important, as LPH plans to resume suspensions for incomplete records under the *Immunization of School Pupils Act* (ISPA) in the upcoming 2023/24 school year, unless an <u>exemption</u> is on file with LPH. Parents/guardians can call LPH at 519-383-8331 for questions or assistance with the consent form or reporting immunizations.

Tick-Borne Diseases of Public Health Significance

Lyme Disease

As highlighted in the April 6, 2023 LPH health care provider memo, Ontario has observed a steady increase in blacklegged (deer) tick submissions, with spread into new areas of the province resulting in new Lyme disease risk areas. Not all blacklegged ticks carry the bacteria that causes Lyme disease and not everyone who is bitten by an infected tick will develop signs and symptoms of Lyme disease. To assist with decisions regarding antibiotic prophylaxis, please refer to <u>Ontario Health's updated Lyme disease clinical guidance document</u>.

When <u>testing for suspected Lyme disease</u>, document travel history on Public Health Ontario lab requisitions, as confirmatory testing for North American and European *Borrelia* strains differ. Individuals with more advanced Lyme disease should be managed in consultation with an Infectious Disease specialist.

There were 6 confirmed human cases of Lyme disease in Lambton County in 2022. Ontario had 1,403 confirmed and probable human cases of Lyme disease in 2022, an incidence rate of 9.3 per 100,000. The 2021 incidence rate was 11.2 per 100,000 people, which is an increase from 2020 which had an incidence rate of 5.6 per 100,000 (Public Health Ontario, 2023).

Anaplasmosis, Babesiosis, Powassan Virus

Other tick-borne diseases carried by blacklegged (deer) ticks include anaplasmosis, babesiosis, and Powassan virus, which as of July 1, 2023 are <u>Diseases of Public Health Significance</u> in Ontario.

- Disease information, including clinical and laboratory criteria, can be found in the disease-specific appendices from the Ontario Ministry of Health:
 - <u>Anaplasmosis</u> "Clinically compatible signs and symptoms are characterized by fever and at least one of the following: headache, malaise/asthenia, arthralgia, myalgia, nonhemolytic anemia, thrombocytopenia, leukopenia, elevated hepatic transaminase levels, or elevated numbers of immature neutrophils (left shift)" (p. 3).

- <u>Babesiosis</u> "Clinically compatible signs and symptoms are characterized by fever, chills, intense sweats, headache, dark urine, jaundice, myalgia, arthralgia, hepatosplenomegaly, anemia, and/or thrombocytopenia. Most infections are asymptomatic" (p. 3).
- <u>Powassan virus</u> "Clinically compatible signs and symptoms are characterized by fever, chills, headache, nausea, vomiting, myalgia, confusion, weakness, ataxia, paresis, nuchal rigidity, and/or lymphocytic pleocytosis" (p. 3).
- Public Health Ontario (PHO) has laboratory testing direction on its <u>vector-borne and</u> <u>zoonotic diseases webpage</u>.

Tick testing is not used to diagnose anaplasmosis, babesiosis, Powassan virus, or Lyme disease in humans. LPH conducts both passive (tick photos submitted for analysis or tick identification at LPH) and active (tick dragging) surveillance to monitor blacklegged tick populations in Lambton County.

Exposure to tick-borne diseases typically occurs in wooded or high-brush areas during spring and summer seasons. Ticks live in wooded areas and fields and attach themselves to a person or animal that brushes against plants, bushes, or tall grass. Once attached, ticks feed on blood; most people never feel the bite. Ticks are most active in spring and summer but can be found at any time of the year when the temperature is above freezing.

Prevent Tick Exposures

- When in endemic areas/hiking, wear closed shoes, light-coloured long sleeve shirts and long pants, tuck pants into socks, and use <u>diethyltoluamide (DEET) or icaridin (picaridin) insect</u> repellents, or permethrin-treated clothing.
- Avoid tick-infested areas when possible.
- Avoid wooded and brushy areas with high grass and leaf litter.
- Walk in the center of trails.

Check For and Remove Ticks

- Always complete a <u>tick check</u> for self and dependents, as well as pets, upon return from outdoor activities, regardless of location, and shower if possible.
- Safely remove any tick. Video resource: Tick Prevention, Checks and Safe Removal.
- Submit a photo of ticks found for identification through the <u>online LPH form</u> or <u>etick.ca</u>. Tick submissions are used to assist in tick surveillance in Lambton County.
- Monitor for signs and symptoms of Lyme disease. The most common symptom is an expanding skin rash (e.g., bull's-eye) that can appear between 3 to 30 days after a tick bite.

Report Suspected or Confirmed Diseases of Public Health Significance

Diseases of public health significance, whether suspected or confirmed, must be reported to the Medical Officer of Health by telephone or fax, under the *Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7* (list linked here; those with an asterisk (*) require immediate Public Health follow-up, per the *HPPA*, O. Reg. 135/18, O/ Reg. 569).

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