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MEMO

Date: Thursday, April 6, 2023

Pages: 3

To: **Health Care Providers**

From: Dr. Karalyn Dueck, Medical Officer of Health

Re: **Lyme Disease Testing Update; COVID-19 Vaccine Guidance Update; Mpox Update; XDR Shigella; New HIV Testing Guidelines; Prenatal Classes for Young Parents**

Lyme Disease Testing Update

Lyme disease is transmitted through the bite of a blacklegged (deer) tick, infected with *Borrelia burgdorferi* spirochete bacteria.[1] Ontario has observed a steady increase in blacklegged tick submissions with spread into new areas of the province, resulting in new Lyme disease risk areas. Locally, the **Pinery Provincial Park** and the surrounding 20 km area, including **Port Franks** have been identified as a **risk area for Lyme disease**, with Lambton Public Health (LPH) surveillance identifying this area to have a **40%** infection rate in blacklegged ticks.

To assist with decisions regarding **antibiotic prophylaxis**, please refer to Ontario Health's updated Lyme disease clinical guidance document. Updates align with Public Health Ontario laboratory changes in effect April 1, 2023 (as per Ontario Associate Chief Medical Officer of Health memorandum attached), and antibiotic treatment recommendations based on best evidence. Per Ontario Health's guidance document linked above, ticks attached for **>24 hours** and **removed within 72 hours** are **2 of 4 criteria** for recommended **antibiotic prophylaxis**.

When testing for suspected Lyme disease, document **travel history** on Public Health Ontario lab requisitions, as confirmatory testing for North American and European *Borrelia* strains differ. For more information, contact Lambton Public Health (LPH) at 519-383-8331 x3822 or visit the LPH website (https://lambtonpublichealth.ca/health-info/sampling-testing/#tick) for directions.

Updated COVID-19 Vaccine Guidance

The Ministry of Health has updated COVID-19 Vaccine Guidance, as per their news release. Individuals in **specific high-risk populations are recommended** to receive a **spring booster dose** if **at least 6 months** has passed since their last dose or confirmed COVID-19 infection:

Adults ages 65 years and older; Residents of long-term care homes, retirement homes, Elder Care Lodges, and other congregate living settings for seniors; Adults ages 18 years and older living in a congregate care setting for people with complex medical care needs; Pregnant individuals; Adults ages 18 years and older who are moderately to severely immunocompromised; and Adults ages 55 years and older who identify as First Nations, Inuit, or Métis, and their non-Indigenous household members ages 55 years and older.

Individuals ages 5 years and older who have **not yet received** a booster dose since September 1, 2022, remain recommended to receive a booster dose if **at least 6 months** since last dose or confirmed COVID-19 infection. Ministry of Health recommendations for individuals who are not listed as high-risk and have **already received** a booster dose since September 1, 2022, will be available near Fall 2023. Visit the LPH website to access additional vaccine-related information.

Mpox Update

The Ministry of Health released updated mpox information for clinicians, due to new cases since January 2023, with mild or subclinical infections suspected as cause of continued transmission. Signs and symptoms of mpox include fever, new rash/lesions in the mouth, genital, and/or peri-anal region, rectal pain, and lymphadenopathy. For **testing guidance**, see page 3 of the information for clinicians document, with links to testing guides from Public Health Ontario. If suspecting mpox, individuals should **self-isolate** per page 4 of the information for clinicians document, and health care providers should **call LPH for reporting and further directions**. Of note, IMVAMUNE® vaccine is not a treatment for mpox and must be given before symptoms.

The main route of mpox virus transmission is direct close contact (skin-to-skin), particularly via sexual contact, with respiratory transmission and close non-direct contact not yet observed in Ontario to date.[2] Infection Prevention and Control (IPAC) recommendations from Public Health Ontario include, in addition to Routine Practices, place the individual in a single-patient room, with the door closed. An Airborne Infection Isolation Room (AIIR) is not necessary, but may be used while ruling out other infectious diseases (e.g., varicella or measles are part of the differential diagnosis). If a single-patient room is not available, then precautions should be taken to minimize exposure to surrounding individuals, such as having the patient don a medical mask over their nose and mouth, maximize distance from others (e.g., seating away from others), and covering exposed skin lesions as best as possible. A fallow time between patients is not required. Personal protective equipment (PPE) for health care workers includes gloves, gown, eye protection (e.g., face shields, safety glasses, or goggles), and N95 fit-tested masks.

Pre-exposure prophylaxis with 1st and 2nd doses of IMVAMUNE® vaccine doses at least 28 days apart are available **by appointment at LPH** for eligible at-risk groups, including:

- Two-Spirit, non-binary, transgender, cisgender, intersex, or gender-queer individuals who self-identify or have sexual partners who self-identify as belonging to the gay, bisexual, pansexual, and other men who have sex with men (gbMSM) community AND at least one of the following:
    - Had a confirmed sexually transmitted infection (STI) within the last year,
    - Have or are planning to have two or more sexual partners or are in a relationship where at least one of the partners may have other sexual partners,
    - Have attended venues for sexual contact (e.g., bathhouses, sex clubs) recently or may be planning to, or who work/volunteer in these settings,
    - Have had anonymous sex (e.g., using hookup apps) or may be planning to; and/or,
    - Are a sexual contact of an individual who engages in sex work;
- Individuals who self-identify as engaging in sex work or are planning to, regardless of self-identified sex or gender;
- Research laboratory employees working directly with replicating orthopoxviruses;
- Household and/or sexual contacts of those identified for pre-exposure vaccination eligibility above AND who are moderately to severely immunocompromised or pregnant.

Post-exposure prophylaxis with IMVAMUNE® vaccine is based on risk of exposure to mpox, with LPH consultation to assess risk of exposure and whether IMVAMUNE® vaccine is needed.

XDR Shigella

At least 10 cases of *extensively drug resistant (XDR) Shigella sonnei* have been identified in Ontario, with sexual contact between men who have sex with men (MSM) determined as the predominant route of transmission. Similar increases of *XDR Shigella* bacteria have been seen in the United States, United Kingdom, and other European countries, with some Ontario cases reporting a possible epidemiological link to travel history. Shigellosis is transmitted by fecal-oral route via direct (person-to-person) or indirect contact (contaminated food, water, or other). Individuals with shigellosis **cannot return to high-risk settings** (e.g., food handlers, health care providers, child care workers or attendees), until a negative stool sample or rectal swab is collected at least 24 hours after symptoms end or 48 hours after completing antibiotic therapy.

XDR Shigella is resistant to the following antimicrobials: ampicillin, fluoroquinolones, third-generation cephalosporins, azithromycin, trimethoprim-sulfamethoxazole. Regardless of XDR results, most individuals with shigellosis will improve without antibiotic therapy and with general supportive measures, however, **consultation with an Infectious Disease Specialist should be completed for individuals requiring antibiotics**.

If shigellosis is in a differential diagnosis (e.g., patient symptoms of watery or bloody diarrhea which may contain mucous, severe abdominal cramps, tenesmus, fever, malaise, nausea, and vomiting), health care providers should include a sexual history. Submit stool specimens as per usual bacterial stool test ordering processes, with Public Health Ontario routinely forwarded for subtyping surveillance, and **call LPH for reporting and further directions**. If concerned about sexually transmitted proctocolitis or enteritis, consider also testing for other sexually transmitted and bloodborne infections, including HIV, syphilis, gonorrhea, chlamydia, and hepatitis B and C.

Cases of *XDR Shigella* should avoid sexual activity from symptom onset to at least 7 days after symptoms end. During the 4-6 week shedding period for shigellosis, individuals should also implement precautions to prevent fecal-oral transmission, through direct or indirect contact.

New HIV Testing Guidelines

The Ontario HIV Treatment Network, in collaboration with The Ministry of Health, Public Health Ontario, Ontario College of Family Physicians, and Ontario-based clinicians and testing providers, have developed new HIV testing guidance for Ontario. Please see additional details within the attached Ontario Chief Medical Officer of Health memorandum, including note of reduction of the window period for definitively diagnosing HIV from 3 months to 6 weeks.

Prenatal Classes for Young Parents

Please see attached information regarding prenatal classes for young parents, from LPH at the West Lambton Community Health Centre. To register, please call 519-383-3817 or LPH website.

References:

1. Public Health Ontario. Vector-borne and zoonotic diseases: Lyme disease. 2022 Dec 15 [cited 2023 Mar 26]. Available from: https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/vector-borne-zoonotic-diseases/lyme-disease
2. Ministry of Health. Mpox in 2023: Information for clinicians, version 1.0, March 10, 2023 [cited 2023 Mar 27]. Available from: https://www.health.gov.on.ca/en/pro/programs/emb/docs/monkeypox_info_for_clinicians.pdf