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FROM:

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NEW! Enhanced Pneumococcal Vaccine for Children up to 5 years of age

In November 2010, the Ministry of Health and Long Term Care (MOHLTC) announced that a new **13-valent pneumococcal conjugate vaccine** (Pevnar[®]13, Wyeth) is now available and is publicly funded in Ontario for infants and children.

Pevnar[®]13 is approved for use in Canada for children from 6 weeks to 5 years of age and has replaced Synflorix[™] (10-valent), previously Pevnar[®] (7-valent), in the routine schedule.

Background

- In 2005, Ontario introduced a publicly funded pneumococcal conjugate immunization program with Pevnar[®] (7-valent) vaccine for all infants and children <2 years of age.
- In 2009, Synflorix[™] (10-valent) vaccine replaced Pevnar[®] to protect against 3 additional serotypes.
- Since the introduction of the pneumococcal immunization programs in Canada, there has been a dramatic decline the incidence of Invasive Pneumococcal Disease (IPD: sepsis, bacteraemia, pneumonia and meningitis).
- However, the incidence of disease due to non-vaccine strains that are now contained in Pevnar[®]13, have increased (e.g. 19A).

Vaccine Information

- Pevnar[®]13 protects against the following serotypes: 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F; 3 more than Synflorix[™] (10-valent); 6 more than Pevnar[®] (7-valent).

- Pevnar[®]13 vaccine is conjugated to diphtheria CRM₁₉₇ protein but **does not replace diphtheria vaccination.**
- Pevnar[®]13 can be given intramuscularly, at a different injection site, with any of the routine childhood immunizations.
- The most common adverse reactions are fever, irritability, decreased appetite, sleep disturbances, and redness, swelling and pain at the injection site.

Immunization Schedule*

- Healthy children should receive 3 doses of Pevnar[®]13 administered at **2, 4, and 12** months of age.
- Children who have started a pneumococcal vaccine series with another product should be given Pevnar[®]13 for the next and subsequent dose(s) using the 3 dose schedule. Detailed schedules are attached.
- * **The routine immunization dosing schedule for Pevnar[®]13 is different than previous pneumococcal vaccine schedules. See the attached for details.**

Administration at 12 Month Visit

- While there are now three different immunizations given at the 12 month visit, the 3-dose schedule for Pevnar[®]13 allows for one less injection in a child's overall immunization regime.
- The suggested routes of administration of the vaccines at the 12 month visit are: give the subcutaneous and one intramuscular injection in one arm 2.5 cm apart; the 2nd intramuscular injection in the opposite arm.

Ordering

Pevnar[®]13 is available and will be included on an upcoming Vaccine Order Form. All orders for pneumococcal conjugate vaccine will be filled with Pevnar[®]13. Please return all unused Pevnar[®] (7-valent) and Synflorix[™] (10-valent) vaccine to Peel Public Health. Please note that the returned vaccines do not need to be within cold chain temperatures between +2.0 °C to +8.0 °C.

Product Monograph:

http://www.wyeth.ca/en/products/Product%20Monographs%20PDFs/Pevnar_13_Product_Monograph_Dec_21_2009_EN.pdf

NACI Statement:

<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-12/index-eng.php>

Reminder: New Form for Adverse Event Following Immunization (AEFI)

If a patient experiences an AEFI, fill out the **new** form from Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/im/pdf/hc4229e.pdf> and fax it to 905-565-0426 or call 905-799-7700 to report the reaction.

Influenza and Other Respiratory Viral Testing for 2010-2011

For this influenza season, tests provided will primarily be based on patient setting:

Table 1: Respiratory viral testing algorithm for samples received at OAHPP¹

Patient Setting	Test Provided
Inpatient (ICU)	Influenza A/B PCR* Multiplex respiratory viral PCR [‡]
Inpatient (ward) or Institution	Influenza A/B PCR* Viral culture
Physician Office/Clinic; Emergency Room (not admitted); All other ambulatory patients	Viral Culture

*Depending on prevalence of different subtypes and resistance patterns, subtyping may not be done on all samples tested once influenza season is well-established.

[‡]The current multiplex molecular panel detects Influenza A/B, rhinovirus (or rhinovirus/enterovirus), RSV, parainfluenza, adenovirus, metapneumovirus and coronaviruses.

- Requisitions for General Tests and for Specimens and Containers [Nasopharyngeal swabs (NP) swabs] available from Ontario Public Health Laboratories at: <http://www.oahpp.ca/resources/requisitions.html>
- Antiviral susceptibility testing is also available at OAHPP. Please note:

Table 2: Antiviral Influenza Susceptibility¹

Strain	Oseltamivir	Amantadine
H3N2, pH1N1	Susceptible	Resistant

¹Ontario Agency for Health Protection and Promotion Labstract. October 2010.

Update: Obtaining Diphtheria Antitoxin

The Ministry of Health and Long-Term Care sent an information package outlining the procedure of obtaining Diphtheria Antitoxin to all physicians. The contents can also be found on our website at: <http://www.peelregion.ca/health/professionals/>