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# Community Vaccine Providers' News

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*Recent controversies over Human Papilloma Virus (HPV) vaccination in the media have prompted a re-launch of Dr. Janet Ames article from the September 2013 issue of the Northern Health Physicians Newsletter. Ames emphasizes the important role that we as health care providers ("team immunization") have in providing accurate, timely and important details about the risks of HPV and the benefits of vaccination. Incorrect information presented in the media can have a significant impact on vaccine acceptance which is our queue as health care professionals to be sure of our facts and have opportunistic discussions with young clients and their families. It is well known that health care providers can influence vaccine uptake, thereby decreasing the burden of HPV related illness. Read the following reflection on Ames' experiences with HPV in her practice, and how recommending and providing HPV vaccination has made an impact in her clinic.*

## One Physician's Experience with Prescribing the HPV Vaccine

*Contributed by:* Janet Ames MD FCFP
Physician, Options for Sexual Health Clinic, NIHU

A recent 30 year medical school reunion certainly makes one reflect on their professional life. After completing a residency in family medicine in 1985 I have been part of a multidisciplinary team providing sexual health assessments, treatment and advice including birth control prescriptions and the treatment and prevention of sexually transmitted infections (STIs). This has been a rewarding part of my professional life and I feel a very important service to young men and women.

Throughout many communities within Northern Health there are Options for Sexual Health Clinics (Opt Clinics). As a General Practitioner, I work in the Opt Clinic that runs out of the Northern Interior Health Unit in Prince George and do this via a sessional contract. Opt Clinics within Northern Health provide a range of reproductive health services and affordable birth control options. For more information on the Opt Clinic in your community please contact your local Health Unit.

Along with the various advances in birth control methods we finally have vaccines to reduce the number of infections related to the human papilloma virus (HPV). HPV is the virus that causes genital warts and cancer of the cervix.

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Two strains, type 16 and 18 cause 75% of cervical cancer, 70% of vaginal cancer, 50% of vulvar cancer and 2 strains, type 6 and 11 cause 90% of the genital warts. Years ago we thought warts turned into cancer and this has been shown not to be the case. However, when types 6 and 11 are present, 16 and 18 are found more commonly.

There are two vaccines licensed for use in Canada. The first is Gardasil protecting against 4 types of HPV including 6, 11, 16 and 18 (responsible for 90% of warts and 75% of cancer) and Cervarix protecting against 2 types of HPV 16 and 18 (responsible for 75% of cancers). The HPV vaccine Gardasil is approved for females between the ages of 9 and 45 and males between the ages of 9 and 26 and men who have sex with men (MSM) 27 years of age and older. Gardasil is provided free in BC to girls born in 1994 or later and who are in grade 6 or older. The Cervarix vaccine is approved for females 9 through 45 years of age. Cervarix vaccine is currently being offered free for a limited time to BC women 26 years of age and younger and born before 1994 at series commencement. Neither vaccine prevents or treats a current HPV infection but either can be given if the person has HPV. For more information on the Gardasil and Cervarix vaccines please visit: http://immunizebc.ca/search?keys=gardasil&=Search

In addition to the publicly funded immunization programs, Gardasil and Cervarix vaccines can be prescribed by family physicians for those not eligible for the publicly funded immunization programs and administered at their offices. The vaccine can also be administered without a prescription by a pharmacist after appropriate counseling.

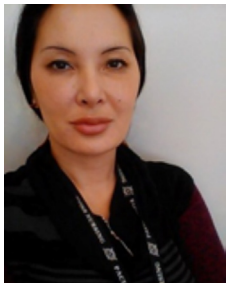
The above is a short summary on HPV and the 2 vaccines available. At the Opt Clinics we discuss vaccination with virtually every patient. As a group we are committed to ensuring that everyone is aware of HPV and the vaccines. In some Opt Clinics we also treat genital warts, screen for cervical and related cancer and refer for colposcopy. The vaccine program has had an effect on the prevalence of HPV in our patient population but not as great as we would like to see. Although of particular note, during most Opt Clinics that I have worked, I was treating a new case of genital warts but I am noticing now that there has been a definite reduction in this number. We have also had a reduction in the number of abnormal Pap smears.

Preventing cancer of the cervix is the most important part of HPV vaccine programs. However, 28 years of experience has shown me decreasing the burden of genital warts is also very important. The girls, boys, young men and women are devastated by the diagnosis of genital warts even though we try as best we can to soften the blow. As adults we can understand this is primarily a cosmetic problem but young people do not see it that way. My young patients go out the door and often don't tell their best friend, let alone their parents, about the diagnosis which means they have little support. In addition, because they are not talking about it they feel it is a very rare disease which it is not. It is estimated that 75% of Canadians will have at least one HPV infection in their lifetime. The Society of Obstetricians and Gynaecologists of Canada estimates that 10% to 30% of the Canadian adult population is infected with HPV.

As physicians and health care providers we have to be sure of our facts and be open in our discussion with young people. We need to think about how to problem solve around why they are not getting the vaccine and help them with how to discuss these issues with their parents or their peers. Many young people have the facts incorrect and some have received this from parents, friends, teachers, physicians and health care workers. It is not unusual for me to have a conversation with a young person, they decide not to get the vaccine and 6 months later I diagnose genital warts or refer them for colposcopy. When I gently ask why they decided not to get immunized the answer often surprises me and usually the reason is not based on fact. As a group I encourage us to have all our facts and be in the forefront of "team immunization'. We can have a major effect on increasing the number of young people vaccinated against HPV and thus decrease the burden of genital warts and cancer of the cervix. •

## Building Bridges in the North West: Partnering with FNHA to build strong communities

*Contributed by:*
Catherine Tanski, RN
Aboriginal Health Nurse, Kitsumkalum Health Centre, Terrace, BC



*The following is an article submitted by a Community Health Nurse*

*based out of the Kitsumkalum Health Centre in Terrace, BC. Tanski works for the First Nations Health Authority (FNHA) and discusses how the partnership she formed with local public health nurses not only helped to strengthen her immunization program, but provided benefits for the community that also bridged into other health program areas.*

Currently I work with First Nations individuals and families at an on-reserve Health Center in northwestern BC which oversees about 200 members. I recall my relationship with public health nurses (PHNs) started when I was first hired years ago. The PHNs introduced me to an adapted Food Guide specific to First Nations, Metis & Inuit people. I remember distributing these resources with the PHNs at our community health fairs. Since then, I have been mentored by PHNs on how to promote awareness on health issues such as HIV, car seat safety and breastfeeding in our community. With each topic I learned how to add "cultural touches" by accessing links from the First Nations Health Authority website. Additionally, PHNs would refer mutual clients who resided in the Kitsumkalum community to my services at the Health Centre. Gradually, I became the health liaison nurse to several mothers in the public health maternal liaison program. I also completed my immunization competency certification with the assistance and guidance of the public health nurses, and went on to immunize many infants in my community under the Communicable Disease Program.

As part of the Nutrition Program in my community, I jarred fish with the elders and was able to enhance that program as the PHNs introduced me to the Terrace Community Nutritionist and Community Diabetic educators who were able to visit the Health Centre to provide education sessions. I was even able to gain volunteer work from nursing students in the public health practicum at our Health Centre; they offered to coach youth for basketball practice and provide workshops on cancer awareness in the evening.

Recently, there was a pertussis cluster in our area. PHNs visited our Health Centre for a half a day to help update the school students and preschoolers with immunizations. I am also often invited to participate in public vaccination campaigns at the mall and in the public schools alongside our dedicated PHNs so that I can remain familiar to people who recognize me from the aboriginal community where I work.

Many benefits have been gained for my practice and my community from liaising with public health nurses over the years. Due to the advice of a senior PHN, I abandoned a rigid schedule (once accustomed to from years of hospital shifts) and instead gave my office an open-door policy. This relationship remains an integral part of how I deliver programs to promote & support aboriginal health within my assigned community. However, I must emphasize that the learning is reciprocal: I learn more about updated provincial health information and recent testing or screening techniques, and the PHNs learn more about cultural medicines and traditional health ceremonies. By working together, we acknowledge the differences that invariably exist among this unique group of clients and through sensitive nursing, cultural learning and historical understanding together we are helping facilitate restoration of a healthy, independent and proud community. •

## Spring is in the air! Time to boost Tetanus immunity

*Submitted by:* Beth Munk, Public Health Nurse, Northern Health, Dawson Creek

With the Spring Season finally commencing, outdoor activities; including farming, hunting, gardening, and use of heavy machinery, are beginning again. Serious cuts, scrapes, animal bites and burns associated with outdoor activities carry a higher risk of contamination with tetanus. However, tetanus may also occur following small, insignificant wounds. The most frequently reported causes of tetanus infection are lacerations, followed by animal bites and injection drug-use. In rare cases, tetanus has also occurred after bowel surgery, or aspiration of soil and feces. The fatality rate associated with tetanus is one of the highest of any vaccine-preventable illness; Up to 1 in 5 people may die. The disease occurs worldwide but is rare in Canada due to our national immunization program.

Tetanus is a vaccine-preventable illness caused by a neurotoxin produced by the anaerobic bacterium Clostridium tetani. Tetanus bacteria are found in spore form in soil, dust, manure, and have also been detected in the intestines of animals and humans. Cases of tetanus occur when spores from the environment are introduced into a wound and grow anaerobically at the site of the injury.

There is no cure for tetanus and treatment consists of wound/supportive care, and medications to ease symptoms. However, tetanus can be prevented through routine immunization with publicly-funded vaccine. Infection with Tetanus is uncommon and typically much milder in those who are up-to-date with immunizations. The National Advisory Committee on Immunization (NACI) recommends routine childhood immunization against tetanus and routine Tetanus and diphtheria boosters for adults. The spring season is an ideal time to encourage people to have their routine combined Tetanus-Diphtheria (Td) vaccine, as the risk of obtaining a contaminated injury from outdoor activity is increased.

A single-antigen formulation of this vaccine is not available for

use in British Columbia, so offering the combined Tetanus-Diphtheria (Td) booster vaccine is highly recommended. Grade 9 students receive a dose of tetanus-containing vaccine as part of the routine school immunization program in BC at the age of 15.

Adults who were immunized against tetanus and diphtheria during childhood should receive a booster dose of the Td vaccine every 10 years (recommended at 25, 35, 45 years, etc.). The vaccine should also be given to those who have sustained serious cuts or deep wounds whose last tetanus vaccine was given 5 or more years ago and should be assessed by a physician.

Additionally, the combined Tetanus-Diphtheria-Pertussis (TdaP) vaccine is publicly funded for adults who have **not been immunized** in the past or **do not have a record of prior immunization**. The TdaP vaccine may be recommended by physicians for some adults who have already had a primary series of tetanus-containing vaccine and is available at a cost.

For links to information on publically funded vaccines and other immunization information for health care professionals, visit http://www.northernhealth.ca/Professionals/ImmunizationResourcesTools.aspx •

## Community Influenza Program Summary

*Submitted by: Kyrsten Thomson, RN Communications Liaison Nurse for Northern Health*

As another influenza season is coming to an end, we are reminded how integral the relationship is between public health, community vaccine providers (CVPs) and First Nations (FN) partners in implementing a successful provincial immunization campaign. With everyone's collaborative efforts; 51,212 influenza immunizations were provided across the Northern Health region. Of this total, 33, 956 influenza doses were administered by CVPs and FN partners. Also noteworthy, 803 doses of pneumococcal vaccine were reported as administered by CVPs and FN partners. By providing influenza and pneumococcal vaccines in a variety of settings in our communities, together, we have been able to provide a lower barrier immunization service to our northern population this season. We look forward to continued collaborative efforts in implementing the influenza program and the prospect of future joint immunization ventures!

- 51,212 influenza doses provided this season across the Northern Health region
- 33,956 influenza doses provided by CVPs and FN partners
- 803 pneumococcal doses provided by CVPs and FN partners

2. Vaxaware.com is an awareness campaign about the importance of immunization.

3. National Immunization Week takes place from April 25 to May 02, 2015. Resources and campaign ideas for your community are available at ImmunizeCA.ca

National Immunization Awareness Week

4. IBoostImmunity.ca is an interactive web forum for British Columbians to share evidenced based content promoting vaccinations on social media. Become a Booster and spread the good stuff!

I BOOST IMMUNITY
IBOOSTIMMUNITY.ca

5. Improving HPV Vaccine Uptake Among BC girls: BC Medical journal Article from the BC Medical Journal: BCMJ, Vol. 56, No. 7, September 2014, page(s) 325 BC Centre for Disease

6. Immunization Infographic for Health Professionals is a 'one-stop-shop' for health professionals to access current provincial and national immunization resources and is available at immunizebc.ca

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