Dear Physician,

Opioid Overdose Update

As you know, in April 2016 the Provincial Health Officer declared a public health emergency in response to increasing overdose deaths due to contamination of the illicit drug supply with fentanyl and its analogues. Despite the implementation of multiple interventions, overdose deaths have continued to increase, and Vancouver Coastal Health is disproportionately affected. Of the 368 illicit drug overdose deaths in the first four months of 2017, 121 were in our region. If this trend continues, we will see more than the 272 illicit drug overdose deaths seen in 2016. While the largest number of deaths are in the Downtown Eastside and City Centre neighborhoods of Vancouver, deaths are increasing throughout our region.

New low barrier addiction treatment services have been, and will continue to be, added through services such as the DTES Connections Clinic at 625 Powell Street and the St. Paul’s Hospital Rapid Access Addictions Clinic. However, demand still far exceeds capacity and these services have limited geographic reach. An important opportunity for expanding evidence-based treatment for opioid use disorder lies in the provision of opioid agonist therapy (OAT) with Suboxone® in the primary care setting. If you are already a prescriber of either methadone or Suboxone®, you have already received (or will soon receive) an invitation from Chief Medical Health Officer Dr. Patricia Daly to join a regional network of subscribers. The goals of the network are to improve access to, retention in, and quality of care for patients with opioid use disorder, to increase capacity for primary-care provided OAT in the region, and to share supports and resources for community physicians and nurse practitioners to provide OAT.

New provincial guidelines for the Clinical Management of Opioid Use Disorder (http://www.bccsu.ca/care-guidance-publications/) recommend Suboxone® over methadone as first-line treatment. A methadone exemption is no longer required to prescribe Suboxone®. To become a subscriber, you can complete training either in person (http://www.bccsu.ca/enhanced-skills-training/) or online (http://www.suboxonecme.ca/). Vancouver Coastal Health may be able to fund physicians in the region to participate in some of these training programs. For more information on these funding opportunities please contact addictions.training@vch.ca

Suboxone® and methadone are now available through the Plan G psychiatric medication program for patients with low incomes. Expert consultation with an Addiction Medicine specialist is available through the Rapid Access to Consultative Expertise (RACE) line at 1-877-696-2131 or at http://www.raceconnect.ca/

Other important clinical considerations during the overdose crisis include:

- Increased caution when considering detoxification or abstinence-based treatment, including residential treatment and recovery homes, for patients with opioid use disorder. The high rate of relapse and associated loss of tolerance can place patients at high risk of overdose and death.
- Avoiding prescribing sedative medications to patients who use illicit or prescribed opioids.
- Using resources such as Pharmanet, when prescribing opioids or benzodiazepines, in order to avoid prescriptions from multiple providers and reduce the risk of diversion and overdose.
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July 12, 2017
From the Office of the Chief Medical Health Officer

- Avoiding sudden restriction or reduction of prescribed opioid medication used for chronic pain or other indications, as it can result in illicit drug use and consequently increase the risk of overdose. Consider options for tapering and/or addiction treatment with patients in these situations.
- Considering the co-prescribing of naloxone to any patient at risk of overdose. Helping patients access specialized harm reduction services, such as Take Home Naloxone kits, Supervised Injection Sites, and Overdose Prevention Sites (http://www.vch.ca/public-health/harm-reduction/overdose-prevention-response).

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<th>Increase in Invasive Group A Streptococcal Disease</th>
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We have seen an increase in invasive infections caused by group A streptococcus in VCH. The number of cases of invasive infection has doubled since 2015, and now ranges between 6 and 14 hospitalizations per month. Reported infections are mostly in adults, but we have seen some unusually severe presentations in children. The reason for the increase is not known, and may be due to circulation of more virulent strains.

Although early diagnosis is important for good patient outcome, due to the non-specific presentation of invasive group A streptococcal infection, it can be difficult to distinguish it from other, more common infections. The following features can be indicative of early invasive Group A streptococcal infection. New or worsening illness in patients with:

- Recent history of trauma, that can be minor
- Recent history of skin disruptions, for example burns, surgery, injection drug use, varicella infection
- Recent upper respiratory infection
- Mothers and infants with fever in the week following delivery
- Contact with a person with group A streptococcal infection, including pharyngitis
- Soft tissue infection that is exquisitely tender
- Immune suppression, although most affected patients are immune competent

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<th>Mumps Outbreak</th>
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We have seen an increase in mumps infections in our region over the past several months.

Those most likely to contract mumps are children and adults born after 1970 who are unimmunized, or have only received only 1 dose of MMR. Since a second dose of MMR vaccine was not added to the routine BC immunization schedule until 1996, and is not routine in many countries, some young adults living and working here may not be fully protected. Please use clinical opportunities to offer MMR vaccine to patients born after 1970 who have not received two doses of MMR vaccine.

If you suspect mumps, please use a buccal swab (using synthetic or plain Dacron swab and place in standard viral transport medium) for mumps PCR (swabs available from BCCDC) and urine for virus detection and isolation for diagnosis. Serology is a much less reliable diagnostic tool in patients who have been partially immunized.

You can reach a Medical Health Officer in Vancouver at 604.675.3900 Toll free at 1.855.675.3900
For public health emergencies after hours contact the Medical Health Officer on call at 604.527.4893

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