

Physicians' and Nurse Practitioners' Update

July 30, 2024

From the Office of the Chief Medical Health Officer

Rabies

Rabies is a serious but preventable zoonotic disease. Humans can contract rabies from percutaneous or mucous membrane exposures to the saliva or neural tissue/fluid of an infected animal. Typically, this occurs through scratches or bites. Bats are a known reservoir of rabies worldwide. In British Columbia, **bats are the only natural reservoir of rabies**, and the prevalence of rabies among bats is estimated to be under 1%. This is unlike some other Canadian provinces and other countries where rabies may also be carried by ground animals. Bat exposure is more likely during the summer, as camping, hiking, and other outdoor activities may increase the risk of exposure. The public is advised to avoid all contact with bats. It is important to take immediate measures when someone is exposed to bats. This may include rabies post-exposure prophylaxis (RPEP). The following protocols must be followed upon bat exposure:

| Scenario | Description | Recommended Action |
|--|--|---|
| Direct contact with a bat | Direct contact with a bat in BC, any other province, or country. Includes handling, touching, or bites. Suspected direct contact with bat, even if not witnessed, should still warrant following recommended actions. Contact with thick clothing (denim jacket) is not considered direct contact. | Consult VCH Public Health to determine if RPEP is indicated |
| Bat in a room | Bat found in the house, in the bedroom when waking up, with no evidence of direct contact (e.g., bite marks, waking up at night). | RPEP is not indicated |
| | Bat found in a room of a child or someone whose history is less reliable and assessment of direct contact is difficult. | Consult VCH Public Health to determine if RPEP is indicated |
| Contact with other animals (not a bat) | Contact (handling, touching or bites) with other animals known to be imported from outside BC in the last 6 months OR contact with an animal while travelling to other provinces or countries with different animal reservoirs for rabies. | Consult VCH Public Health to determine if RPEP is indicated |
| | Contact (handling, touching or bites) with other animals in BC that have not been imported. | RPEP is not indicated |

For more information on the management of rabies in BC, consult the [BCCDC Rabies Guidelines](#). To contact VCH Public Health call:

- Vancouver - 604-675-3900
- Coastal - 604-983-6701 (or your local public health unit)
- Richmond - 604-233-3150
- VCH after hours - 604-527-4893

Please note that RPEP, most often consisting of rabies immunoglobulin and a series of four doses of rabies vaccine, requires authorization by a Medical Health Officer. RPEP is available at public health units and most Urgent and Primary Care Centres (UPCC) and emergency department locations. The Medical Health Officer will arrange for completion of rabies vaccine series started in emergency departments or UPCCs.

For more information on rabies:

- For the general public: [Rabies | Vancouver Coastal Health \(vch.ca\)](#)
- For health professionals: [Rabies \(bccdc.ca\)](#)

You can reach a Medical Health Officer 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

Vancouver Coastal Health Medical Health Officers

Chief Medical Health Officer: Dr. Patricia Daly | Regional Communicable Disease: Dr. Rohit Vijh

Vancouver: Dr. Althea Hayden, Dr. Mark Lysyshyn, Dr. Michael Schwandt, Dr. Ceinwen Pope, Dr. Brandon Yau 604.675.3900

Richmond: Dr. Meena Dawar 604.233.3150 | North Shore: Dr. Alex Choi 604.983.6700 | Coastal Rural: Dr. Molihi Khaketla 604.984.5070

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Listeria

Listeria is a bacteria that causes food-borne illness and is most associated with foods such as deli meats, unpasteurized milk products (cheese, milk, yogurt) and refrigerated seafood. On July 8th 2024, the Canadian Food Inspection Agency issued a [food recall warning](#) on various "Silk" and "Great Value" brand plant based refrigerated beverages due to microbial contamination with *Listeria monocytogenes*. These products were distributed nationally. To date, 2 deaths in other provinces have been linked to consumption of these products. Individuals who have a product from the [recall list](#) (<https://recalls-rappels.canada.ca/en>) should dispose of the product and avoid further consumption.

Clinical Presentation

Most cases of Listeria infection are mild and self-limiting. Clinicians should maintain a high index of suspicion for potential listeriosis in patients who have an exposure history and are at higher risk for severe invasive disease (meningitis, meningoencephalitis, bacteremia). Individuals at higher risk include pregnant people, neonates, immunocompromised individuals, and older adults. Listeria infection usually starts 1-14 days after exposure in non-pregnant individuals, and up to 2 months after exposure in pregnant individuals.

Testing & Follow-Up

- Listeria can be tested in blood and cerebrospinal fluid (CSF). Routine stool testing is not recommended, given the ubiquity of Listeria in the environment, its presence in the stools of 5-10% of the population, and low sensitivity in stool culture.
- Patients who have consumed a recalled product but are asymptomatic or are low risk and have only mild symptoms do not need additional testing. Advise patients who have consumed the recalled product to monitor for symptoms of invasive disease, which include fever, vomiting, mental status changes, nuchal rigidity, gait disturbances, seizures, and/or other neurological symptoms. Other presents include chorioamnionitis or neonatal sepsis.
- For patients presenting with signs and symptoms of invasive disease, blood and CSF (where appropriate) cultures are recommended. Have a low threshold for obstetrical assessment for pregnant patients who are symptomatic and who were exposed.

Reporting

- Cases of invasive Listeria are reportable in BC. Report suspected or confirmed invasive cases to the local Medical Health Officer (MHO).
- Report suspect or confirmed cases to the VCH Communicable Disease program during business hours at 604-675-3900. On evenings and weekends please call the MHO on-call at 604-527-4893.

For additional information please refer to the [BCCDC Communicable Disease Advisory: Beverages recall due to Listeria monocytogenes](#) .

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Avian Influenza

Avian influenza (H5N1), commonly referred to as “bird flu”, has been circulating widely among wild and domestic birds across Canada and globally since late 2021. Outside Canada, some countries have identified spillover infections to mammals, including foxes, skunks, marine animals, goats, and cows, as well as sporadic infections in humans. Although H5N1 was identified in US cattle and milk, as of May 22nd, the Canadian Food Inspection Agency reports no identified H5N1 in milk samples. In Canada, the virus has so far only been identified in birds. H5N1 does not spread from person to person but is a highly adaptable virus that undergoes genetic changes when it is spread from animals to humans. Preventing infection in humans is important to reduce the risk that the virus mutates and becomes capable of being transmitted from person to person.

Clinical Presentation: In humans, symptoms of H5N1 range from mild (conjunctivitis) to severe (severe respiratory illness) disease. Individuals who are exposed to birds, through professional or recreational activities such as farmers or people with backyard chickens, are at higher risk of contracting H5N1.

Reporting: All suspected cases of Avian Influenza should be reported to your local Medical Health Officer.

Testing:

- Clinicians should have low thresholds for testing patients presenting with influenza-like symptoms within 10 days after an exposure to sick or dead birds suspected to have had avian influenza e.g., poultry workers. The BCCDC medical microbiologist on call should be notified prior to testing by calling 604-661-7033.
- Testing is done through a nasopharyngeal swab and a throat swab or sputum sample (for patients with a productive cough). Send all samples directly to the BCCDC Public Health Laboratory with the lab requisition indicating exposure to avian influenza.
- A negative test does not rule out infection and retesting by collecting a new specimen is recommended if there is high clinical suspicion of avian influenza.

Management: Management of confirmed cases or individuals with high-risk exposures (i.e., prolonged direct and close contact with infected poultry or their contaminated environments) depends on their clinical presentation:

- If asymptomatic – self monitoring for symptoms is recommended until 10 days after the exposure. Chemoprophylaxis may be considered based on clinical judgement and risk assessment up to 7 days from the last exposure. This includes prescribing Oseltamivir 75 mg BID for 7 days (for time limited exposures) or 10 days (for ongoing exposure). The patient should avoid contact with other farms or with immunocompromised individuals.
- If symptomatic – antivirals (oseltamivir 75mg twice a day for 5 days) should be considered for both suspected and confirmed cases and should be administered within 48 hours of illness onset. The patient should self-isolate for 7 days or until symptoms resolve, whichever is longer.

Prevention: For those with high exposure to birds or wildlife, we recommend wearing personal protective equipment and practicing hand hygiene. Members of the public should avoid eating raw or undercooked poultry products and touching sick or dead birds. Additional information on precautions with animal handling can be found on: [Avian Influenza \(bccdc.ca\)](https://www.bccdc.ca). Please also refer to BCCDC's Interim H5N1 Avian Influenza [guidelines](#)

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