

# Toronto Public Health

Nov 2019 CME Q&A's

## Dealing with vaccine refusers

Q. Can you refuse to keep a patient in your practice if they refuse to vaccinate their children?

The CPSO has the following policy document: [Ending the Physician-Patient Relationship](#)

It states: "Circumstances where physicians must not end the physician-patient relationship

Physicians **must** respect patient autonomy with respect to lifestyle, healthcare goals, and treatment decisions,<sup>8</sup> and not end the physician-patient relationship solely because the patient:

- a. does not follow advice (for example, with respect to smoking cessation, drug or alcohol use, or the patient's decision to refrain from being vaccinated or vaccinating his/her children);"

Q. What do you suggest, if there is a situation of joint custody and one parent is against vaccines, and the other parent is supportive of vaccines?

At Toronto Public Health, we wait until both parents can consent before providing vaccines in these situations. Students who are old enough to consent on their own (i.e. as per the [Health Care Consent Act](#)) do not require parental consent.

## Hepatitis B vaccine

Q. Is there a plan to start hepB vaccine at infancy?

In Ontario, hepatitis B vaccination is provided in schools for Grades 7 and 8 students.

Individuals at high risk for hepatitis B infection are eligible for free vaccine including:

- infants born to hepatitis B carrier mothers
- children under seven years of age, whose families have emigrated from countries with a high prevalence of hepatitis B
- may be exposed to hep B carriers through their extended families and
- household and sexual contacts of chronic carriers and acute cases

Order hepatitis B vaccine for high risk patients [online from TPH](#).

Hepatitis B vaccination in infancy is only publicly funded in a [few provinces](#). TPH advocated for routine vaccination in infancy, through a report to the Board of Health in 2017: [Hepatitis B and C in Toronto: Preventing Chronic Viral Hepatitis Infections and Complications](#). TPH will continue to pursue this.

## Measles Vaccine and Immunity

Q. If a patient has documentation for 2 doses of MMR, OR if they have evidence of immunity to M/M/R – do we need testing? I am running into this issue when completing forms for volunteering, medical school, etc. Some places require positive titres even with documentation for 2 MMR vaccines.

If client had two documented doses of MMR vaccine given after the first birthday, and 1 month or more apart, they are considered fully immunized and serology is not required, as per the [Canadian National Advisory Committee on Immunization](#) and [Public Health Ontario](#).

Serologic testing can sometimes be falsely negative with vaccine derived immunity and thus is not recommended after receiving measles-containing vaccine.

### Q. Please talk about why you can't rely on titres to determine if there is immunity?

Serologic testing following measles vaccination or in previously vaccinated individuals is not routinely recommended. Documentation of vaccination is preferred. Serologic testing in those who were previously vaccinated can be falsely negative. In those who may have had measles natural infection, serology can be performed to determine immunity.

### Q. What advice do you give to pregnant women who are not immune to rubella?

Rubella is rare in Toronto and Canada. Outbreaks have occurred in unvaccinated communities. Pregnant women who are not immune should avoid their risk of exposure to rubella, while pregnant.

#### The National Advisory Committee on Immunization states in the [Canadian Immunization Guide](#):

"Pregnant women without documented evidence of prior immunization with a rubella-containing vaccine should be serologically screened for rubella antibodies. Those found to be susceptible should be vaccinated with 1 dose of MMR vaccine in the immediate post-partum period, before discharge from hospital (unless they have received Rhlg - refer to [Blood Products, Human Immunoglobulin and Timing of Immunization](#) in Part 1). Women who have been appropriately immunized post-partum do not need to be serologically screened for rubella antibodies either post-immunization or in subsequent pregnancies. Women who have been found to be serologically positive in one pregnancy do not need to be screened again in subsequent pregnancies."

### Newcomers and Vaccine Catch-up Schedules

#### Q. With increasing number of newcomers and refugees in recent years, there are increasing number of population who are not up to date with vaccinations within Provincial guidelines. What is the TPH position and strategies in increasing vaccines among this population?

TPH encourages all to be vaccinated according to Ontario's Publicly Funded Immunization Schedule. Each year, TPH assesses the records of over 300,000 students attending public schools in Toronto. Through this process, all students, including newcomers, have their vaccination records reviewed. Students without a health card can attend a TPH immunization clinic. TPH also works with newcomer and settlement agencies to provide additional supports. TPH also provides some refugee clinics at temporary housing locations.

### Ontario's Vaccination Schedule

#### Q. Is it wrong to give 2 vaccines after age 1 and 2 vaccines at 15 months as opposed to 3 and 1 in the current schedule? If we give them all anyway, what is the harm?

The vaccination schedule is designed to optimize vaccination before a child is infected with the disease. Delaying a dose at 12 months means that the child is not protected from one of the vaccines for an additional 3 months. As many children go to child care after 1 year of age, optimizing protection through vaccinations is important. It is very safe to provide 3 vaccines in one visit. There is also good parental acceptance for providing three vaccines at one visit.

### Reducing the pain of vaccinations

#### Q. Briefly, how do we minimize the pain of vaccines in kids?

##### For providers:

- Do not aspirate, when giving IM injections
- With multiple injections, give the most painful vaccine last (pneu-C13; MMR; varicella; HPV)
- For babies, encourage breastfeeding during vaccination or use of sweet-tasting solutions
- Encourage clients to sit up; young children can sit on a parent's lap

- Topical anesthetics can be purchased before vaccination (Optional)  
Infographics for parents on [tips to reduce the pain of vaccination](#).
  - for [Babies](#)
  - for [Toddlers](#)
  - for [Children and Teens](#)

## **Vaccine Ordering**

Q. Are vaccines that HCPs order from Toronto Public Health the same as in York region?

All publicly funded vaccines are the same across Ontario. For clinics in the City of Toronto (M postal code), routine vaccines are ordered directly through the Ontario Government Pharmacy and Medical Supply Service, and vaccines for high risk groups are ordered through Toronto Public Health. In all other areas, including York region, all vaccines are ordered directly through the public health department.

## **Vaccine Coverage**

Q. Is coverage the same for patients under Native Health Benefits?

Anyone who lives in Ontario is eligible for publicly funded vaccine. This includes individuals with Native Health Benefits.