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No Flu for You

Time to crank up those syringes and vaccinate everyone (staff included)! Our $75 prize for the bravest vaccine recipient in each facility is being offered once again, so don't miss out on your chance to win big. This year's vaccine includes two strains from last year, A/Victoria/361/2011b (H3N2) & A/California/2009 (H1N1). The new Influenza B strain is B/Massachusetts/2/2012-like virus.

Hopefully, events like the clumping calamity of last year will not recur. As you may recall Fluad® and Agriflu® were temporarily pulled from the market after clumps of vaccine particles were observed. The products were reinstated after health care workers were reminded that shaking and warming to room temperature before injection resolved the problems.

There are six different injectable vaccines on the market, but only Fluad® has an adjuvant to increase immune response in the elderly. MOHLTC may send any of the other products to your facility, but the Fluad® should be reserved for those 65 years of age and older. Remember to have your GeriatRx adrenaline kit on hand, in the unlikely event an anaphylactic reaction occurs.

Please see the attached Influenza Policy and Procedure. It has been revised based on Tamiflu dosing guideline changes earlier in 2013. If you haven't sent in your latest weights and creatinines, please do so. Remember, before you swab, call GeriatRx. We want to get your Tamiflu® out early so you are ready in the event of a positive result. Good luck.

COPD Presentation

Earlier this month we hosted a wonderful dinner presentation on COPD. Dr. Charles Chan, former Head of Respirology at the University Health Network, covered assessment, epidemiology, and treatment guidelines for COPD and COPD exacerbations.

We are all aware that smoking is the most common cause of this disorder. I was surprised to hear, however, that it is also the biggest driver of chronic hospitalizations. In fact, one out of five patients admitted to hospital for COPD will be readmitted within one month. Unfortunately, half of those with COPD are undiagnosed, as symptoms are often linked to other diseases or disregarded completely.

Seniors have difficulty performing spirometry testing, as they are asked to breathe forcefully into a tube. Though this is the gold standard for COPD diagnosis, confusion and weakness often make it daunting challenge for the elderly. Dr. Chan introduced us to the COPD Assessment Test (CAT – see attachment), which asks simple questions about symptoms, such as cough, chest tightness, shortness of breath on exertion, impact on sleep and general energy level. Consider using CAT in your facility. The Medical Research Council dyspnea scale (see chart) can also be used for grading COPD severity.

Since COPD exacerbations correlate with poorer quality of life, increased hospital admissions and death, prevention is critical. If cough, sputum production or shortness of breath worsen, action should be taken. One exacerbation per year should trigger the addition of an inhaled steroid combination product(Advair®,Symbicort®) to the resident's long acting bronchodilator. Antibiotics and oral prednisone should be added after 48 hours in the elderly to prevent pneumonia. The full guideline can be obtained from *The Canadian Thoracic Society.*

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