

Increase in Mycoplasma Pneumoniae Cases

Background: Vancouver Coastal Health (VCH) Medical Health Officers were recently notified about several cases and clusters of pneumonia in children and youth in community and in hospital which were not improving with routine first-line treatment (e.g. Amoxicillin). This is coinciding with an uptick in the incidence of *Mycoplasma pneumoniae* detected on respiratory specimens submitted to local and provincial laboratories within the past month. *M. pneumoniae* infections can occur year-round but more commonly in the summer and early fall. Epidemic peaks are observed every 3-7 years. A post-COVID resurgence of *M. pneumoniae* has also been observed in other parts of Canada, US, France, Netherlands, and China.

Clinical Presentation: *M. pneumoniae* is a frequent cause of upper and lower respiratory tract infections in children and youth. It is transmitted by respiratory droplets and the incubation period ranges from 2 to 3 weeks. Symptoms include cough, malaise, and fever. Infections tend to be mild and self-limited, leading to the term “walking pneumonia”. Cough can persist for 3-4 weeks. Rarely, it can cause meningoenitis, transverse myelitis, myopericarditis, arthritis, and skin eruptions. Radiographic findings can vary from diffuse bilateral infiltrates to focal consolidations.

Diagnostics and Testing: Currently, routine microbiological testing is not recommended for patients presenting to care with community-acquired pneumonia. **Extended Respiratory NAT testing with a nasopharyngeal swab (NP)** is recommended for **pediatric patients** requiring hospitalization, infants < 3 months of age, patients who are immunocompromised/medically complex, or presenting with a prolonged fever of 5 or more days. Similar testing can be considered for **adult patients** with non-resolving pneumonia despite first-line treatment to guide antimicrobial decision making. The Medical Microbiologist on call is available for clinical consultation. For patients seen in the Emergency Dept. or Admitted please call 604-875-4111. For outpatients, please call 604-661-7033.

Treatment: *M. pneumoniae* is usually self-limiting and often does not need treatment beyond supportive care. Although cough can be prolonged, patients will generally start to feel better in around a week. Reasons to treat with antibiotics include patients with high-risk comorbidities, illness requiring hospitalization, and patients with protracted symptoms (>5-7 days) and/or worsening trajectory. If choosing to treat, *M. pneumoniae* is typically susceptible to macrolides. In BC, current first-line treatment recommendation for *Mycoplasma pneumoniae* is: (a) Azithromycin 10mg/kg (max 500mg) for 1 day followed by 5mg/kg (max 250mg) for 4 days (preferred) or (b) Doxycycline 100 mg BID for 7 days. Doxycycline should be preferentially used if patients report recent travel to China, Japan or South Korea where there has been increased macrolide resistance of *M. pneumoniae*. Furthermore, patients being treated with azithromycin with persisting fevers > 48 hours should be switched to doxycycline.

Reporting: *M. pneumoniae* is not a reportable infection. However, please notify VCH Medical Health Officers (604-675-3900) if you are observing unusual clusters of illness, particularly if they are not improving with current recommendations for *M. pneumoniae* treatment.

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. Brandon Yau 604.675.3900
Richmond: Dr. Meena Dawar 604.233.3150

North Shore: Dr. Ceinwen Pope 604.983.6700 | Coastal Rural: Dr. Moliehi Khaketla 604.984.5070

To receive these updates by email, please contact us at VCHPhysiciansUpdate@vch.ca

New: Nirsevimab availability within the 2024-2025 RSV immunoprophylaxis program

Background: The BC RSV Immunoprophylaxis program offers publicly funded palivizumab (Synagis®) immunoprophylaxis to children at high risk of hospitalization due to RSV, such as premature infants, those with chronic lung or congenital heart disease, or severe immunodeficiency <2 years of age. Recently, the program announced the procurement of a small supply of nirsevimab (Beyfortus®), the long-acting RSV monoclonal antibody. This product requires only one injection to provide protection for the duration of the RSV season.

Eligibility for nirsevimab is as follows:

1. All infants born after March 31, 2024 who reside in isolated remote BC communities. Within VCH, this applies to communities in Bella Coola Valley and Central Coast.
2. Some groups of high-risk medically complex, fragile children born after Oct 1, 2022 who do not qualify for palivizumab, such as those with Down syndrome.

Implementation: Children eligible based on date of birth and residence in remote communities are being identified by public health nurses working with local care teams. Hospitals and maternity providers who care for birthing parents from remote communities should be aware of this program so neonates can be offered nirsevimab before discharge to their community of residence. These children can be registered by any health care provider using the following [Redcap link \(https://ext-qiga.bcchr.ca/redcap/surveys/?s=E3733WXREKXHTWPA\)](https://ext-qiga.bcchr.ca/redcap/surveys/?s=E3733WXREKXHTWPA).

Primary care providers are being alerted to this expansion so that they are also aware of the expansion, in particular criteria #2 and can refer eligible children by completing a [BC 2024-2025 RSV Immunoprophylaxis Program Palivizumab Application Form](#) on the PHSA Shared Hospital Organization Portal (SHOP). Please provide as much relevant clinical information as possible in the 'Summary clinical course' section of this form to facilitate adjudication of available doses.

Influenza vaccines still available

Additional doses of Flumist® and Fluad® have arrived since the initial distribution to primary care. Quadrivalent vaccines are also available. Please order more vaccine for your practice and immunize at risk patients before the expected peak in influenza activity over December and January.

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